

United States Bankruptcy Court DISTRICT OF PUERTO RICO		Voluntary Petition
Name of Debtor (If individual, enter Last, First, Middle): HOSPITAL DAMAS, INC., a Corporation		Name of Joint Debtor (Spouse)(Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): NONE		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) Complete EIN (if more than one, state all): 66-0183310		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) Complete EIN (if more than one, state all):
Street Address of Debtor (No. and Street, City, and State): 2213 PONCE BY PASS Ponce PR		Street Address of Joint Debtor (No. and Street, City, and State):
ZIP CODE 00717-1318		ZIP CODE
County of Residence or of the Principal Place of Business:		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): SAME		Mailing Address of Joint Debtor (if different from street address):
ZIP CODE		ZIP CODE
Location of Principal Assets of Business Debtor (if different from street address above): SAME		ZIP CODE
Type of Debtor (Form of organization) (Check one box.) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (if debtor is not one of the above entities, check this box and state type of entity below 	Nature of Business (Check one box.) <input checked="" type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding Nature of Debts (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose" <input checked="" type="checkbox"/> Debts are primarily business debts. Chapter 11 Debtors: Check one box: <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 (amount subject to adjustment on 4/01/13 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		
Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input checked="" type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000		
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input checked="" type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input checked="" type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): HOSPITAL DAMAS, INC. , a Corporation	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed:	Case Number:	Date Filed:	
NONE			
Location Where Filed:	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor:	Case Number:	Date Filed:	
NONE			
District:	Relationship:	Judge:	
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under Chapter 11) <input type="checkbox"/> Exhibit A is attached and made a part of this petition		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. §342(b). X <hr/> <div style="display: flex; justify-content: space-between;"> Signature of Attorney for Debtor(s) Date </div>	
Exhibit C			
Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
Exhibit D			
(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) <div style="text-align: right; margin-right: 100px;"> <hr/> (Name of landlord that obtained judgment) </div> <div style="text-align: right; margin-right: 100px;"> <hr/> (Address of landlord) </div>			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(i)).			

Voluntary Petition <i>(This page must be completed and filed in every case)</i>	Name of Debtor(s): HOSPITAL DAMAS, INC., a Corporation
Signatures	
<p style="text-align: center;">Signature(s) of Debtor(s) (Individual/Joint)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct.</p> <p>[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.</p> <p>[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X _____ Signature of Debtor</p> <p>X _____ Signature of Joint Debtor</p> <p>_____ Telephone Number (if not represented by attorney)</p> <p>_____ Date</p>	<p style="text-align: center;">Signature of a Foreign Representative</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.</p> <p>(Check only one box.)</p> <p><input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.</p> <p><input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.</p> <p>X _____ (Signature of Foreign Representative)</p> <p>_____ (Printed name of Foreign Representative)</p> <p>_____ (Date)</p>
<p style="text-align: center;">Signature of Attorney*</p> <p>X _____ Signature of Attorney for Debtor(s)</p> <p>CHARLES A. CUPRILL-HERNANDEZ 114312 Printed Name of Attorney for Debtor(s)</p> <p>CHARLES A. CUPRILL, P.S.C. LAW OFFICES Firm Name</p> <p>356 FORTALEZA STREET Address</p> <p>SECOND FLOOR</p> <p>San Juan PR 00901</p> <p>787-977-0515 Telephone Number</p> <p>9/24/10 Date</p> <p><small>*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.</small></p>	<p style="text-align: center;">Signature of Non-Attorney Bankruptcy Petition Preparer</p> <p>I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.</p> <p>_____ Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>_____ Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)</p> <p>_____ Address</p> <p>X _____ Date</p> <p>Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided</p> <p>Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.</p> <p>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p><i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.</i></p>
<p style="text-align: center;">Signature of Debtor (Corporation/Partnership)</p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X _____ Signature of Authorized Individual</p> <p>Julio Colón Printed Name of Authorized Individual</p> <p>CFO Title of Authorized Individual</p> <p>September 24, 2010 Date</p>	

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF PUERTO RICO**

In re

HOSPITAL DAMAS, INC

Debtor

Case No.

Chapter 11

STATEMENT PURSUANT TO RULE 2016(B)

The undersigned, pursuant to Rule 2016(b), Bankruptcy Rules, states that:

1. The undersigned is the attorney for the debtor(s) in this case.
2. The compensation paid or agreed to be paid by the debtor(s), to the undersigned is:
 - a. For legal services rendered or to be rendered in contemplation of and in connection with this case \$50,000.00
 - b. Prior to the filing of this statement, debtor(s) have paid \$50,000.00
 - c. The unpaid balance due and payable is \$0.00
3. \$1,039.00 of the filing fee in this case has been paid.
4. The Services rendered or to be rendered include the following:
 - a. Analysis of the financial situation, and rendering advice and assistance to the debtor(s) in determining whether to file a petition under title 11 of the United States Code.
 - b. Preparation and filing of the petition, schedules, statement of financial affairs and other documents required by the court.
 - c. Representation of the debtor(s) at the meeting of creditors.
5. The source of payments made by the debtor("s) to the undersigned was from earnings, wages and compensation for services performed, and
None other
6. The source of payments to be made by the debtor(s) to the undersigned for the unpaid balance remaining, if any, will be from earnings, wages and compensation for services performed, and
None other
7. The undersigned has received no transfer, assignment or pledge of property from debtor(s) except the following for the value stated:
None
8. The undersigned has not shared or agreed to share with any other entity, other than with members of undersigned's law firm, any compensation paid or to be paid except as follows:
None

Dated: *September 24, 2010*

Respectfully submitted.

s/CHARLES A. CUPRILL-HERNANDEZ

USDC-PR 114312

CHARLES A. CUPRILL, P.C.S. LAW OFFICES

356 Fortaleza Street, Second Floor

San Juan, PR 00901

Tel.: 787-977-0515

Fax: 787-977-0518

E-mail: ccuprill@cuprill.com

UNITED STATES BANKRUPTCY COURT

DISTRICT OF PUERTO RICO

In re *HOSPITAL DAMAS, INC., a Corporation*

Case No. 10-

Chapter 11

_____/ Debtor

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts from Schedules D, E and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	Attached (Yes/No)	No. of Sheets	ASSETS	LIABILITIES	OTHER
A-Real Property	<i>Yes</i>	<i>1</i>	\$ <i>0.00</i>		
B-Personal Property	<i>Yes</i>	<i>5</i>	\$ <i>24,017,166.52</i>		
C-Property Claimed as Exempt	<i>No</i>	<i>0</i>			
D-Creditors Holding Secured Claims	<i>Yes</i>	<i>2</i>		\$ <i>6,556,715.46</i>	
E-Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	<i>Yes</i>	<i>3</i>		\$ <i>254,442.75</i>	
F-Creditors Holding Unsecured Nonpriority Claims	<i>Yes</i>	<i>44</i>		\$ <i>14,456,105.41</i>	
G-Executory Contracts and Unexpired Leases	<i>Yes</i>	<i>5</i>			
H-Codebtors	<i>Yes</i>	<i>1</i>			
I-Current Income of Individual Debtor(s)	<i>No</i>	<i>0</i>			\$ <i>0.00</i>
J-Current Expenditures of Individual Debtor(s)	<i>No</i>	<i>0</i>			\$ <i>0.00</i>
TOTAL		<i>61</i>	\$ <i>24,017,166.52</i>	\$ <i>21,267,263.62</i>	

In re HOSPITAL DAMAS, INC., a Corporation
Debtor

Case No. 10-
(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY ON BEHALF OF A CORPORATION

I, _____ of the Corporation
named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 62 sheets,
and that they are true and correct to the best of my knowledge, information, and belief.

Date:

September 24, 2010

Signature

Name:

Title:

Julio Colón
CFO

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

In re HOSPITAL DAMAS, INC.

/ Debtor

Case No. 10-

(if known)

SCHEDULE B-PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "X" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, or both own property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C-Property Claimed as Exempt. Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G-Executory Contracts and Unexpired Leases.

Type of Property	None	Description and Location of Property	Husband--H Wife--W Joint--J Community--C	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption
1. Cash on hand.		PETTY CASH BOOK BALANCE AS OF 06/30/2010		\$ 5,800.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		ATM FUND BOOK BALANCE AS OF 06/30/2010		\$ 13,040.00
		BANCO POPULAR DE PR SELF-INSURANCE FUND ACCOUNT # 53-0018-02-7 BOOK BALANCE AS OF 06/30/2010		\$ 1,002,498.42
		BANCO POPULAR DE PR (WESTERNBANK) PAYROLL ACCOUNT #002304009476 BOOK VALUE AS OF 06/30/2010		\$ 0.00
		BANCO POPULAR DE PR (WESTERNBANK) "FONDO PLANTA FISICA" ACCOUNT #002304009687 BOOK BALANCE AS OF 06/30/2010		\$ 0.00
		BANCO POPULAR DE PR (WESTERNBANK) CAFETERIA PAYROLL ACCOUNT #002304009679 BOOK BALANCE AS OF 06/30/2010		\$ 0.00
		BANCO POPULAR DE PR (WESTERNBANK) OPERATING ACCOUNT # 002304009521 BOOK BALANCE AS OF 06/30/2010		\$ 223,228.54
		BANCO POPULAR DE PR (WESTERNBANK) COMMERCIAL CHECKING ACCOUNT # 002304015227 BOOK BALANCE AS OF 06/30/2010		\$ 101.08

In re HOSPITAL DAMAS, INC.

/ Debtor

Case No. 10-

(if known)

SCHEDULE B-PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N o n e	Description and Location of Property	Husband--H Wife--W Joint--J Community--C	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts Receivable.		<p>ACCOUNTS RECEIVABLE FROM CARIBBEAN IMAGING AND RADIATION TREATMENT CENTER, INC. (CIRT) (RELATED PARTY) BOOK BALANCE AS OF 06/30/2010</p> <p>ACCOUNTS RECEIVABLE FROM CUSTOMERS RETURNED CHECKS (NSF CHECKS) BOOK BALANCE AS OF 06/30/2010</p> <p>TRADE ACCOUNTS RECEIVABLE NET BOOK BALANCE AS OF 07/31/2010 (SEE EXHIBIT A)</p>		<p>\$ 11,685.37</p> <p>\$ 5,386.44</p> <p>\$ 13,406,107.37</p>
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owing debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property.	X			
20. Contingent and non-contingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as described in 11 U.S.C. 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers and other vehicles.		<p>VEHICLES NET BOOK VALUE AS OF 06/30/2010 FAIR MARKET VALUE UNDETERMINED</p>		\$ 56,710.77

In re HOSPITAL DAMAS, INC.

/ Debtor

Case No. 10-

(if known)

SCHEDULE B-PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N o n e	Description and Location of Property	Husband--H Wife--W Joint--J Community--C	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.		FURNITURE AND FIXTURES NET BOOK VALUE AS OF 06/30/2010 FAIR MARKET VALUE UNDETERMINED MAILING EQUIPMENT (HASLER) NET BOOK VALUE AS OF 06/30/2010 FAIR MARKET VALUE UNDETERMINED MOVABLE EQUIPMENT - FURNITURE NET BOOK VALUE AS OF 06/30/2010 FAIR MARKET VALUE UNDETERMINED MOVABLE EQUIPMENT - OFFICE NET BOOK VALUE AS OF 06/30/2010 FAIR MARKET VALUE UNDETERMINED		\$ 797,815.50 \$ 2,747.50 \$ 323,900.41 \$ 864,799.91
29. Machinery, fixtures, equipment and supplies used in business.		ELECTRONIC DATA PROCESSING EQUIPMENT BOOK VALUE AS OF 06/30/2010 LABORATORY EQUIPMENT (ISLA LAB) NET BOOK VALUE AS OF 06/30/2010 FAIR MARKET VALUE UNDETERMINED MOVABLE EQUIPMENT- MEDICAL NET BOOK VALUE AS OF 06/30/2010 FAIR MARKET VALUE UNDETERMINED MOVABLE EQUIPMENT - MISCELLANEOUS NET BOOK VALUE AS OF 06/30/2010 FAIR MARKET VALUE UNDETERMINED MOVABLE EQUIPMENT- OTHER THAN THOSE LISTED SEPARATELY HEREIN NET BOOK VALUE AS OF 06/30/2010 FAIR MARKET VALUE UNDETERMINED		\$ 1,252,226.80 \$ 249,986.18 \$ 1,068,913.48 \$ 278,483.69 \$ 204,591.06
30. Inventory.		INVENTORY-MEDICAL SUPPLIES & PRESCRIPTIONS		\$ 1,500,119.07

In re HOSPITAL DAMAS, INC.

/ Debtor

Case No. 10-

(if known)

SCHEDULE B-PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N o n e	Description and Location of Property	Husband--H Wife--W Joint--J Community--C	Current Value of Debtor's Interest, in Property Without Deducting any Secured Claim or Exemption
		BOOK VALUE AS OF 06/30/2010 FAIR MARKET VALUE UNDETERMINED		
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.		CONSTRUCTION IN PROGRESS AND OTHER PROPERTIES BOOK VALUE AS OF 06/30/2010		\$ 1,882,549.64
		LEASEHOLD IMPROVEMENTS NET BOOK VALUE AS OF 06/30/2010 FAIR MARKET VALUE UNDETERMINED		\$ 313,421.15
		PREPAID INSURANCE BOOK VALUE AS OF 06/30/2010		\$ 166,195.32
		PREPAID OTHER BOOK VALUE AS OF 06/30/2010		\$ 75,190.66
		PREPAID PURCHASES BOOK VALUE AS OF 06/30/2010		\$ 270,043.73
		PREPAID TAXES BOOK VALUE AS OF 06/30/2010		\$ 4,333.82
Total ➔				\$ 24,017,166.52

HOSPITAL DAMAS , INC .
ACCOUNTS RECEIVABLE DETAIL
31-Jul-10

EXHIBIT A

	NOT AGED	0-30	31-60	61-90	91-180	181-270	271-365	Over 365	TOTAL	
ACAA	24,472.58	2,821.00	15,765.23	15,196.42	67,519.73	8,800.16	29,662.13	422,146.23	586,383.48	
AETNA LIFE INSURANCE CO.	1,153.61	795.00	107.81	1,136.99	208.74	1,140.95	332.86	266.92	5,142.88	
AIG AMERICAN INTER. LIFE CO.	0.00	0.00	0.00	0.00	448.65	0.00	0.00	1,186.36	1,635.01	
AMERICAN HEALTH MEDICARE	139,992.36	201,346.99	124,932.40	43,311.95	128,446.13	44,399.40	31,894.23	266,712.85	981,036.31	
ASOCIACION DE MAESTROS DE P.R.	23,227.28	20,488.34	36,752.58	25,707.61	31,404.85	8,582.06	3,508.41	302,953.80	452,624.93	
BLUE CROSS/BLUE SHIELD	3,272.15	5,173.04	5,267.61	3,489.55	7,510.83	23,420.99	7,167.68	41,970.75	97,272.60	
CHAMPUS TRICARE	5,939.16	13,083.10	21,496.15	19,926.28	44,557.08	27,552.14	21,936.19	149,965.46	304,455.56	
CHAMPVA	1,508.58	874.72	4,100.71	977.68	3,527.31	1,630.22	244.96	1,507.65	14,471.83	
CIGNA P.R.	2,554.38	3,435.02	1,635.13	611.00	6,563.32	1,018.40	972.00	19,822.20	36,609.45	
COSVI - SEGURO ESCOLAR	344.03	0.00	513.25	489.00	1,316.00	990.00	589.00	101.70	4,342.98	
COSVIMED	-25.00	0.00	0.00	0.00	0.00	0.00	420.00	188,617.00	189,012.00	
COSVIMED CARE MEDICARE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	105,297.12	105,297.12	
COSVIMED REFORMA DE SALUD	8,062.32	24,855.98	16,894.49	11,970.08	17,840.27	680.75	618.47	2,856.44	83,778.80	
DEPT. SOCIAL SERVICES DISABILI	0.00	0.00	0.00	0.00	-200.00	0.00	0.00	0.00	-200.00	
FIRST PLUS MEDICARE	29,838.08	42,225.81	95,668.82	14,528.61	68,071.59	49,240.18	62,779.56	122,936.49	486,289.14	
FONDO DEL SEGURO DEL ESTADO	9,123.16	968.00	1,622.00	1,523.00	4,596.21	6,096.25	8,831.04	142,832.98	175,592.64	
GHI GROUP HEALTH INCORPORAT	0.00	1,540.00	0.00	0.00	0.00	0.00	15.25	2,234.81	3,790.06	
GLOBAL HEALTH PLAN INS. CO.	116.14	1,320.49	12,787.00	584.00	3,697.13	525.00	249.75	1,522.57	20,802.08	
HEALTH PARTNERS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,163.01	7,163.01	
HOSPITAL LAFAYETTE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
HOSPITAL PANAMERICANO	217.83	0.00	865.20	0.00	0.00	0.00	0.00	0.00	1,083.03	
HOSPITAL SAN CRISTOBAL	0.00	0.00	0.00	30.00	270.00	253.00	142.00	0.00	695.00	
HUMANA GOLD CHOICE MEDICAR	35,508.80	25,047.74	-2,810.82	1,050.55	-2,573.71	742.84	9,298.93	14,587.23	80,851.56	
HUMANA GOLD PLUS MEDICARE	24,984.77	37,602.38	33,066.35	9,166.10	98,212.24	13,615.28	40,649.33	466,164.70	721,461.15	
HUMANA HEALTH PLAN	52,085.99	3,252.15	17,210.65	8,461.40	11,323.51	16,810.94	41,234.14	6,998.93	156,477.71	
HUMANA INSURANCE GROUP OF I	8,895.01	15,920.85	45,408.74	13,237.56	46,616.66	24,774.70	20,662.10	91,508.44	267,024.06	
HUMANA MILITARY HEALTHCARE	161.47	895.00	381.27	156.09	4,564.37	1,725.36	1,146.01	25,227.76	34,257.33	
HUMANA REFORMA	167,304.19	142,819.62	142,960.02	77,152.52	97,547.59	63,458.88	64,803.00	366,743.05	1,122,788.87	
HUMANA REFORMA MA 10	0.00	1,288.01	2,178.00	261.50	352.50	1,748.00	0.00	5,576.60	11,404.61	
INTERNATIONAL MEDICAL CARD	263,551.41	218,398.24	353,242.96	308,010.73	181,553.12	282,262.62	85,705.30	128,347.60	1,821,071.98	
JNA FINANCIAL	0.00	0.00	0.00	0.00	0.00	0.00	25,907.02	6,531.02	32,438.04	
LA CRUZ AZUL DE PR	-20.00	0.00	0.00	0.00	0.00	0.00	0.00	16,703.68	16,683.68	
M.C.S. CLASSICARE MEDICARE	164,497.65	337,110.47	525,118.49	193,182.83	133,931.73	96,438.71	85,212.91	349,117.82	1,884,610.61	
M.M.M.	227,095.98	223,942.90	150,979.30	33,947.17	40,809.54	24,797.61	52,426.21	280,647.08	1,034,645.79	
MAPFRE LIFE	2,921.19	11,401.81	37,459.64	4,046.83	12,048.38	7,421.94	12,722.34	78,149.11	166,171.24	
MAPFRE LIFE MEDICARE	76,063.33	21,186.28	12,571.39	8,789.82	8,761.08	9,678.49	9,123.23	87,098.00	233,271.62	
MEDICAL CARD SYSTEM - EPO	0.00	0.00	0.00	0.00	-520.00	35.00	0.00	0.00	-485.00	
MEDICAL CARD SYSTEMS	58,357.13	53,038.04	22,066.10	36,757.32	38,952.63	26,935.28	57,098.26	166,594.65	459,799.42	
MEDICAL CARD SYSTEMS - REFOR	4,940.57	780.00	3,212.50	300.00	3,168.64	79.00	7,663.00	2,423.55	22,567.26	
MEDICARE - PART A	373,127.09	368,608.67	147,270.04	88,183.98	167,457.35	84,081.89	79,272.36	438,008.33	1,746,009.72	
MEDICARE - PART B	109,929.77	84,710.89	77,805.92	34,565.30	127,089.40	67,244.39	45,718.99	107,879.23	654,943.89	
MEDICARE - SKILLED NURS	48,291.71	15,034.21	5,912.50	3,812.50	9,158.52	0.00	12,420.46	14,340.12	108,970.02	
MEDICARE ADVANTAGE OTHERS	2,072.27	0.00	15,017.60	2,542.07	7,648.63	480.50	0.00	726.64	28,487.71	
MEDICARE-PART B PROF. FEE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	504.41	504.41	
MENONITA MEDICARE ADVANTAG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-754.82	-754.82	
NATIONAL LIFE INSURANCE CO.	0.00	0.00	0.00	0.00	0.00	0.00	132.82	0.00	132.82	
OPTION HEALTH CARE	19,090.42	15,311.41	20,161.59	36,503.70	29,373.13	6,092.00	6,574.60	5,769.30	138,876.15	
OTHER PLANS	11,951.51	167.16	2,074.74	2,183.25	5,399.68	5,440.48	7,401.99	1,669,348.38	1,703,967.19	
PALIC MEDICARE ADVANTAGE	23.03	0.00	0.00	0.00	0.00	-125.00	0.00	0.00	-101.97	
PAN AMERICAN LIFE INS. CO.	11,386.83	11,819.83	20,731.89	15,734.23	35,867.10	32,822.33	26,490.78	4,452.25	159,305.24	
PLAN MENONITA	0.00	0.00	125.00	1,900.00	0.00	5,063.00	75.00	3.93	7,166.93	
PREFERRED MEDICARE CHOICE	85,527.50	113,164.22	73,715.81	2,571.05	16,936.18	-9,379.92	42,092.41	303,828.67	628,455.92	
Private Accounts	12,925.95	41,984.60	28,037.67	29,016.33	107,302.90	92,325.45	93,694.94	16,814.09	422,101.93	
PROGRAMA DE ASISTENCIA MEDIC	31,525.00	5,298.00	10,445.00	12,212.89	47,427.11	75,901.75	56,055.96	759,331.89	999,197.60	
PROSALUD COMERCIAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
PROSALUD MEDICARE ADVANTAG	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
PROSSAM PLUS MEDICARE ADVAN	2,463.74	3,857.17	3,866.71	22,243.01	11,526.08	1,971.31	687.12	62,637.63	109,252.77	
REMEDIC	10,452.10	43.91	0.00	0.00	21.00	6.26	0.00	0.01	10,523.28	
RESPONSABILIDA PUBLICA HD	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
ROVIRA	0.00	805.00	1,240.00	40.00	40.00	0.00	0.00	0.00	2,125.00	
SALUD CORRECCIONAL	0.00	0.00	19,018.60	0.00	0.00	0.00	0.00	39,064.95	58,083.55	
SALUD DORADA CON MEDICARE	0.00	0.00	0.00	0.00	0.00	12,643.42	70,127.02	88,817.13	171,587.57	
SCHOOL OF MEDICINE PONCE QU	0.00	0.00	0.00	0.00	138.00	0.00	0.00	0.00	138.00	
SELF PAY PRIVATE	1,445.73	1,558.80	0.00	0.00	424.00	3,823.00	1,285.00	177,683.41	186,219.94	
SPECTRA	0.00	552.50	515.00	0.00	0.00	45.00	6.16	64.22	1,182.88	
TRANSWORLD SYS. INC.-COLL AG	0.00	0.00	0.00	0.00	4,046.10	5,759.90	44,437.59	1,405,198.21	1,459,441.80	
TRANSWORLD SYSTEMS FASE II	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-851.26	-851.26	
TRIPLE S	223,169.63	283,511.64	389,306.10	136,088.37	326,807.32	190,111.73	119,870.57	522,333.44	2,191,198.80	
TRIPLE S MEDICARE OPTIMO	61,457.12	76,867.83	62,489.81	37,314.23	41,782.40	60,814.15	28,254.50	290,695.40	659,675.44	
TRIPLE S REFORMA	633,524.71	591,258.18	727,868.12	199,968.48	295,650.73	157,380.25	127,047.08	834,449.70	3,567,147.25	
TRIPLE S REFORMA MA 10	11,179.75	17,411.55	1,762.00	8,580.00	28,916.50	8,462.19	4,657.00	33,099.85	114,068.84	
TRIPLE S SELECTO	34,693.87	25,329.95	46,906.08	40,787.45	50,772.05	59,877.31	33,518.42	167,507.94	459,393.07	
U.S. DEPARTMENT OF LABOR	0.00	0.00	0.00	0.00	0.00	172.25	0.00	370.70	542.95	

HOSPITAL DAMAS , INC .
 ACCOUNTS RECEIVABLE DETAIL
 31-Jul-10

EXHIBIT A

	NOT AGED	0-30	31-60	61-90	91-180	181-270	271-365	Over 365	TOTAL	
U.T.I DE PUERTO RICO	-80.00	0.00	0.00	0.00	0.00	0.00	31,533.49	648,807.25	680,260.74	
U.T.M. - P.R.S.S.A.	0.00	444.00	1,947.40	434.00	2,185.25	2,882.00	1,221.25	14,096.24	23,210.14	
UNITED HEALTH CARE	254.72	0.00	607.81	0.00	926.08	2,860.22	0.00	5,519.36	10,168.19	
VETERANS ADMINISTRATION	10,973.53	14,240.35	31,460.44	10,341.03	7,775.47	6,042.77	907.55	157,041.48	238,782.62	
SubTotal	3,031,630.13	3,083,590.85	3,370,738.80	1,519,024.46	2,383,197.11	1,618,650.78	1,516,498.37	11,639,401.65	28,162,732.15	
INHOUSE	(175,619.75)								(175,619.75)	IN HOUSE
UNBILLED	(2,264,095.21)								(2,264,095.21)	UNBILLED
GRAN TOTAL	591,915.17	3,083,590.85	3,370,738.80	1,519,024.46	2,383,197.11	1,618,650.78	1,516,498.37	11,639,401.65	\$ 25,723,017.19	GL A\R 7-31-10

RESUMEN CUENTAS A COBRAR 31 DE JULIO 2010

		AGING	G/L
1)	AGING HOSPITAL 7-31-10	\$ 25,723,017.19	
	RECONCILING ITEM:		
	UNLOCATED DIFFERENCE G/L	(12,496.57)	\$ 25,710,520.62
2)	AGING HOME CARE 7-31-10	1,245,837.00	
	RECONCILING ITEM:		
	INFUSION COLLECTIONS RECORDED		
	AS HOME CARE- TO BE ADJ IN AUGUST		
	2010	(77,638.55)	1,168,198.45
3)	AGING HOME CARE INFUSION 7-31-10	146,840.78	
	RECONCILING ITEM:		
	HOME CARE COLLECTIONS RECORDED		
	AS HOME CARE- INFUSION - TO BE ADJ		
	IN AUGUST 2010	77,638.55	
	Diferencia	(22,137.13)	202,342.20
4)	A\R OTHERS		262,439.45
	TOTAL ACCOUNT RECEIVABLES 7-31-10		27,343,500.72
5)	ALLOWANCE FOR DOUBTFULL ACCOUNTS 7-31-10		(13,937,393.35)
	TOTAL NET A\R 7-31-10		13,406,107.37

In re HOSPITAL DAMAS, INC.

Debtor(s)

Case No. 10-

(if known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See U.S.C. § 112. If a "minor child" is stated, also include the name, address, and legal relationship to the minor child of a person described in Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primary consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Creditor's Name and Mailing Address Including ZIP Code and Account Number (See Instructions Above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, Nature of Lien, and Description and Market Value of Property Subject to Lien	Contingent	Unliquidated	Disputed	Amount of Claim Without Deducting Value of Collateral	Unsecured Portion, If Any
Account No: 6841 Creditor # : 1 BANCO POPULAR DE PUERTO RICO BANKRUPTCY DEPARTMENT G.P.O. 366818 San Juan PR 00936		12/14/2007 BANK LOAN FOR THE ACQUISITION OF COMPUTER EQUIPMENT LISTED ON SCHEDULE B Value: \$ 1,252,226.80				\$ 174,124.00	\$ 0.00
Account No: 5227 Creditor # : 2 BANCO POPULAR DE PUERTO RICO BANKRUPTCY DEPARTMENT G.P.O. 366818 San Juan PR 00936	X	12/18/2006 CREDIT LINE SECURED BY TRADE ACCOUNTS RECEIVABLE LISTED ON SCHEDULE B Value: \$ 13,406,107.37				\$ 3,991,452.46	\$ 0.00
Account No: 4313 Creditor # : 3 BANCO POPULAR DE PUERTO RICO BANKRUPTCY DEPARTMENT G.P.O. 366818 San Juan PR 00936		12/18/2006 BANK LOAN SECURED BY TRADE ACCOUNTS RECEIVABLE AND SUBSTANTIALLY ALL OTHER PERSONAL PROPERTY Value: \$ 16,387,622.44				\$ 1,416,667.00	\$ 0.00
Subtotal \$ (Total of this page) Total \$ (Use only on last page)						\$ 5,582,243.46	\$ 0.00

1 continuation sheets attached

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data)

In re HOSPITAL DAMAS, INC.
Debtor(s)

Case No. 10-
(if known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

Creditor's Name and Mailing Address Including ZIP Code and Account Number (See Instructions Above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, Nature of Lien, and Description and Market Value of Property Subject to Lien	Contingent	Unliquidated	Disputed	Amount of Claim Without Deducting Value of Collateral	Unsecured Portion, If Any
Account No: 1652 Creditor # : 4 BANCO POPULAR DE PUERTO RICO BANKRUPTCY DEPARTMENT G.P.O. 366818 San Juan PR 00936		12/01/2002 BANK LOAN SECURED BY TRADE ACCOUNTS RECEIVABLE AND SUBSTANTIALLY ALL OTHER PERSONAL PROPERTY Value: \$ 16,387,622.44				\$ 974,472.00	\$ 0.00
Account No:							
Account No:							
Account No:							
Account No:							
Account No:							
Account No:							

Sheet no. 1 of 1 continuation sheets attached to Schedule of Creditors
Holding Secured Claims

Subtotal \$	\$ 974,472.00	\$ 0.00
(Total of this page)		
Total \$	\$ 6,556,715.46	\$ 0.00
(Use only on last page)		

(Report also on Summary of Schedules.) (If applicable, report also on Statistical Summary of Certain Liabilities and Related Data)

In re HOSPITAL DAMAS, INC.

Debtor(s)

Case No. 10-

(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112. If a "minor child" is stated, also include the name, address and legal relationship to the minor child of a person described in Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts who file a case under chapter 7 or 13 report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts NOT entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts who file a case under chapter 7 report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

*Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re HOSPITAL DAMAS, INC.,Case No. 10-

Debtor(s)

(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Type of Priority for Claims Listed on This Sheet: Taxes and Certain Other Debts Owed to Governmental Units

Creditor's Name, Mailing Address Including ZIP Code, and Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred and Consideration for Claim	Contingent Unliquidated Disputed	Amount of Claim	Amount Entitled to Priority	Amount not Entitled to Priority, if any
Account No: Creditor # : 1 CFSE P.O. BOX 365028 San Juan PR 00936-5028		07/31/2010 WORKERS COMPENSATION INSURANCE		\$ 46,956.52	\$ 46,956.52	\$ 0.00
Account No: Creditor # : 2 DEPARTAMENTO DE HACIENDA DE PR P.O. BOX 9022501 San Juan PR 00902-2501		07/31/2010 PAYROLL TAXES WITHHELD		\$ 1,497.25	\$ 1,497.25	\$ 0.00
Account No: Creditor # : 3 DEPARTAMENTO DE HACIENDA DE PR P.O. BOX 9022501 San Juan PR 00902-2501		07/31/2010 UNEMPLOYMENT INSURANCE		\$ 28,608.98	\$ 28,608.98	\$ 0.00
Account No: Creditor # : 4 DEPARTAMENTO DE HACIENDA DE PR BANKRUPTCY SECTION (424-B) P.O. BOX 9024140 San Juan PR 00902-4140		07/31/2010 PAYROLL TAXES INCOME TAX WITHHELD BALANCE AS OF 07/31/2010		\$ 22,349.00	\$ 22,349.00	\$ 0.00
Account No: Creditor # : 5 DEPARTAMENTO DEL TRABAJO 505 AVE. MUÑOZ RIVERA San Juan PR 00918		07/31/2010 EMPLOYER DISABILITY INSURANCE BALANCE AS OF 07/31/2010		\$ 21,314.00	\$ 21,314.00	\$ 0.00
Account No: Creditor # : 6 INTERNAL REVENUE SERVICE P.O. BOX 21126 Philadelphia PA 19114		07/31/2010 PAYROLL TAXES EMPLOYER'S FICA CONTRIBUTION BALANCE AS OF 07/31/2010		\$ 67,241.00	\$ 67,241.00	\$ 0.00
Sheet No. <u>1</u> of <u>2</u> continuation sheets attached to Schedule of Creditors Holding Priority Claims				Subtotal \$ (Total of this page)	187,966.75	187,966.75
(Use only on last page of the completed Schedule E. Report total also on Summary of Schedules)				Total \$		
(Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and				Total \$		

In re HOSPITAL DAMAS, INC.,
Debtor(s)

Case No. 10-
(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Type of Priority for Claims Listed on This Sheet: Taxes and Certain Other Debts Owed to Governmental Units

Creditor's Name, Mailing Address Including ZIP Code, and Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred and Consideration for Claim	Contingent	Unliquidated	Disputed	Amount of Claim	Amount Entitled to Priority	Amount not Entitled to Priority, if any
Account No: Creditor # : 7 INTERNAL REVENUE SERVICE P.O. BOX 21126 Philadelphia PA 19114		07/31/2010 PAYROLL TAXES FICA WITHHELD BALANCE AS OF 07/31/2010				\$ 62,870.00	\$ 62,870.00	\$ 0.00
Account No: Creditor # : 8 U.S. DEPARTMENT OF EDUCATION P.O. BOX 105081 Atlanta GA 30348-5051		07/31/2010 PAYROLL WITHHOLDINGS				\$ 3,606.00	\$ 3,606.00	\$ 0.00
Account No:								
Account No:								
Account No:								
Account No:								
Account No:								
Subtotal \$ (Total of this page)						66,476.00	66,476.00	0.00
Total \$ (Use only on last page of the completed Schedule E. Report total also on Summary of Schedules)						254,442.75		
Total \$ (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and							254,442.75	0.00

Sheet No. 2 of 2 continuation sheets
attached to Schedule of Creditors Holding Priority Claims

In re HOSPITAL DAMAS, INC.,Case No. 10-

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112. If "a minor child" is stated, also include the name, address, and legal relationship to the minor child of a person described in Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedules. Report this total also on

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: Creditor # : 1 A TECH FOR OFFICE P.O. BOX 211 1575 AVE MUÑOZ RIVERA Ponce PR 00717-0211		07/31/2010 OFFICE SUPPLIES				\$ 10,092.00
Account No: Creditor # : 2 A.A.A P.O. BOX 1828 Ponce PR 00733		07/31/2010 WATER SERVICES				\$ 11,585.09
Account No: Creditor # : 3 A.E.E. P.O. BOX 7366 Ponce PR 00732-9917		07/31/2010 ELECTRIC POWER SERVICES				\$ 708,887.06
Account No: Creditor # : 4 ABBOTT LABORATORIES PR INCORP. P.O. BOX 71469 San Juan PR 00936		04/01/10 TO 07/31/10 MEDICAL SUPPLIES				\$ 141,080.24

43 continuation sheets attached

Subtotal \$

\$ 871,644.39

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

In re HOSPITAL DAMAS, INC.Case No. 10-
(if known)

Debtor(s)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: Creditor # : 5 ABIGAIL ZAYAS TORRES C/O LCDO. GILBERTO RODRIGUEZ 2643 CALLE MAYOR Ponce PR 00717-2072		09/29/2009 SUIT FOR MEDICAL MALPRACTICE CIVIL NO. JDP 2009-0495	X	X	X	\$ 1.00
Account No: Creditor # : 6 ACTIVE SALESMEN COMPANY, INC NUM.5 LA BRISA SABANA LLANA IN San Juan PR 00924		07/31/2010 CLEANING SUPPLIES				\$ 406.01
Account No: Creditor # : 7 ADT SIMPLEX P.O. BOX 366758 San Juan PR 00936-6758		03/19/2010 ALARM SYSTEM SERVICES				\$ 3,302.50
Account No: Creditor # : 8 ADVANCE MEDICAL ADMINISTRATOR, 1326 CALLE SALUD COND. EL SEÑORIAL OFIC. 408 Ponce PR 00717		06/30/10 MEDICAL SUPPLIES				\$ 35,557.25
Account No: Creditor # : 9 AIDA ALBINO LOS CAOBOS CALLE GUAMA 1861 Ponce PR 00717		03/10/2008 LABOR ARBITRATION CASE NO. A-08-2418	X	X	X	\$ 1.00
Account No: Creditor # : 10 AIR-CON, INC. CENTRO DE DISTRIBUCION PONCE EDIFICIO 2, SECCION 3 LOCAL 53 Ponce PR 00717		07/31/2010 REPAIRS & MAINTENANCE				\$ 1,330.00

Sheet No. 1 of 43 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority ClaimsSubtotal \$ \$ 40,597.76

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of
Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

In re HOSPITAL DAMAS, INC.

Case No. 10-
(if known)

Debtor(s)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: Creditor # : 11 ALADDIN TEMP-RITE PR, INC. P.O. BOX 19411 San Juan PR 00910		07/31/2010 FOOD SUPPLIES				\$ 4,157.37
Account No: Creditor # : 12 ALCON P.R., INC. P.O. BOX 363791 San Juan PR 00936-3791		07/31/2010 MEDICAL SUPPLIES				\$ 185.00
Account No: Creditor # : 13 ALEXIS MATOS URB. BELLA VISTA CALLE B # A-49 Ponce PR 00716		09/21/2010 LABOR ARBITRATION CASE NO. 24-CA-11634	X	X	X	\$ 1.00
Account No: Creditor # : 14 ALUS BRANDING CORP. PMB 360 ESMERALDA SUITE 102 Guaynabo PR 00969-4457		08/05/2010 ADVERTISING SERVICES			X	\$ 13,972.60
Account No: Creditor # : 15 ALUS BRANDING CORP. C/O LCDO. RAUL E. GARCIA 1507 PONCE DE LEON AVE. PMB258 San Juan PR 00909-1750		08/25/2010 EXTRAJUDICIAL CLAIM	X	X	X	\$ 1.00
Account No: Creditor # : 16 ALPHAMEGA COMMUNICATION, INC. HC 01 BOX 1814 Boqueron PR 00622		07/31/2010 COMMUNICATION SERVICES				\$ 1,168.00

Sheet No. 2 of 43 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 19,484.97

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

In re HOSPITAL DAMAS, INC.Case No. 10-

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: Creditor # : 17 AMERICAN LIFE ASSURANCE CO. 2175 AVE. LAS AMERICAS Ponce PR 00717		07/31/2010 DENTAL MEDICAL PLAN				\$ 26,258.88
Account No: Creditor # : 18 ANALINA APONTE C/O DENNIS CRUZ LA RAMBLA PLAZA, SUITE 211 606 AVE TITO CASTRO Ponce PR 00716-0210		02/18/2009 SUIT FOR MEDICAL MALPRACTICE CIVIL NO. 2009-1129 (JAF)	X	X	X	\$ 1.00
Account No: Creditor # : 19 ANALISTAS Y OFICINISTAS C/O AIDA ALBINO LOS CAOBOS, C/GUAMA 1861 Ponce PR 00717		02/03/2009 LABOR ARBITRATION CASE NO. A-09-2050	X	X	X	\$ 1.00
Account No: Creditor # : 20 ANASTACIO CINTRON ECHEVARRIA C/O LCDO. FELIX A. TORO, JR. P.O. BOX 7719 Ponce PR 00732		2/14/2000 SUIT FOR MEDICAL MALPRACTICE CIVIL NO. JDP 2000-0068	X	X	X	\$ 1.00
Account No: Creditor # : 21 ANGEL A. TORRES AVILES C/O LCDO. CELSO FELICIANO 8182 CALLE CONCORDIA Ponce PR 00717-1570		12/9/2005 SUIT FOR MEDICAL MALPRACTICE CIVIL NO. JDP 05-0074	X	X	X	\$ 1.00
Account No: Creditor # : 22 ANTONIO MARTI MATOS HC 01 BOX 9517 Penuelas PR 00624-9705		02/23/2009 LABOR ARBITRATION CASE NO. A-09-2070	X	X	X	\$ 1.00

Sheet No. 3 of 43 continuation sheets attached to Schedule of

Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 26,263.88

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

In re HOSPITAL DAMAS, INC., Debtor(s)

Case No. 10-
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No:		12/15/2009	X	X	X	\$ 1.00
Creditor # : 23 ARCADIO BERDECIA DAVID C/O LCDA. MARIA V. IRIZARRY C/SAN JOSE #50, APTDO. 692 Aibonito PR 00705		EXTRAJUDICIAL CLAIM				
Account No:		07/31/2010				\$ 3,951.45
Creditor # : 24 AT & T MOBILITY (PR) P.O. BOX 192830 San Juan PR 00919-2830		TELEPHONE SERVICES				
Account No:		04/01/2010				\$ 11,612.10
Creditor # : 25 AUTOMATIC ACCESS SYSTEM, INC. PMB 350 - 2535 ROAD 2 SUITE 15 Bayamon PR 00959-5259		SECURITY SERVICES				
Account No:		07/31/2010				\$ 4,373.93
Creditor # : 26 BALLESTER HERMANOS, INC. P.O. BOX 364548 San Juan PR 00936-4548		FOOD SUPPLIES				
Account No: 9002		12/28/2007				\$ 3,314,000.00
Creditor # : 27 BANCO POPULAR DE PUERTO RICO PO BOX 362708 San Juan PR 00936-2708		BANK LOAN FOR LEASEHOLD IMPROVEMENTS & THE CANCELLATION OF A CREDIT LINE				
Account No:		07/31/2010				\$ 1,001.71
Creditor # : 28 BANCO POPULAR DE PUERTO RICO PO BOX 362708 San Juan PR 00936-2708		MANAGEMENT FEES LINE OF CREDIT				

Sheet No. 4 of 43 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 3,334,940.19

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of
Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

In re HOSPITAL DAMAS, INC.,Case No. 10-

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: Creditor # : 29 BANCO POPULAR DE PUERTO RICO BANKRUPTCY DEPARTMENT G.P.O. 366818 San Juan PR 00936		07/31/2010 BANK OVERDRAFTS & LATE CHARGES				\$ 86,020.67
Account No: Creditor # : 30 BARD INTERNATIONAL, INC. 111 SPRING STREET New Providence NJ 07974		07/31/2010 MEDICAL SUPPLIES				\$ 3,017.40
Account No: Creditor # : 31 BASILDES RAMOS JIMENEZ C/O LCDO. CARLOS J. CINTRON 130 W. CHURCHILL AVE., PMB 115 San Juan PR 00926		04/01/2003 WORK INCAPACITY CASE C.I. 01-582-94-3670-1 CASE C.F.S.E. 99-58-04687-9	X	X	X	\$ 1.00
Account No: Creditor # : 32 BAXTER SALES CORPORATION REXCO INDUSTRIAL PARK STATE ROAD #24 BUCHANAN Guaynabo PR 00968		06/04/09 TO 07/31/10 MEDICAL SUPPLIES				\$ 409,984.38
Account No: Creditor # : 33 BECKMAN COULTER, INC. P.O. BOX 71312 San Juan PR 00936-8412		04/01/10 TO 07/31/10 MEDICAL SUPPLIES				\$ 36,572.08
Account No: Creditor # : 34 BIO MEDICAL APPLICATIONS PR P.O. BOX 195158 San Juan PR 00919-5198		06/30/08 TO 07/31/10 MEDICAL SUPPLIES				\$ 123,828.00

Sheet No. 5 of 43 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority ClaimsSubtotal \$ \$ 659,423.53

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of
Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

In re HOSPITAL DAMAS, INC.Case No. 10-
(if known)

Debtor(s)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: Creditor # : 35 BIOMET ORTHOPEDIC, P.R., INC. P.O. BOX 363926 San Juan PR 00936-3926		07/31/2010 MEDICAL SUPPLIES				\$ 3,136.00
Account No: Creditor # : 36 BIO-NUCLEAR P.O. BOX 190639 San Juan PR 00919-0639		07/31/2010 LABORATORY SUPPLIES				\$ 3,173.93
Account No: Creditor # : 37 BIO-RAD LABORATORIES, INC. CLINICAL DIAGNOSTICS DIVISION DEPT. 9740 Los Angeles CA 90084-9740		07/31/2010 LABORATORY SUPPLIES				\$ 2,193.32
Account No: Creditor # : 38 BLUE CROSS/BLUE SHIELD TRIPLE S SALUD-BLUE CARD P.O. BOX 70299 San Juan PR 00936-8299		07/31/2010 HEALTHCARE INSURANCE REIMBURSEMENTS RECEIVED IN EXCESS				\$ 12,500.00
Account No: Creditor # : 39 BORSCHOW HOSPITAL MED. SUP. P.O. BOX 366211 San Juan PR 00936-6211		04/30/2009 MEDICAL SUPPLIES NOTE PAYABLE				\$ 160,673.00
Account No: Creditor # : 40 BORSCHOW HOSPITAL MED. SUP. P.O. BOX 366211 San Juan PR 00936-6211		10/01/09 TO 07/31/10 MEDICAL SUPPLIES				\$ 273,502.24

Sheet No. 6 of 43 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority ClaimsSubtotal \$ \$ 455,178.49

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of
Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

In re HOSPITAL DAMAS, INC.Case No. 10-

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: Creditor # : 41 BOSTON SCIENTIFIC DEL CARIBE TORRE CHARDON BUILDING 350 CHARDON AVE. SUITE 1001 San Juan PR 00918		11/24/08 TO 07/31/10 MEDICAL SUPPLIES				\$ 931,018.29
Account No: Creditor # : 42 BPA OFFICE SUPPLY P.O. BOX 10611 Ponce PR 00733-0611		01/01/08 TO 07/31/10 OFFICE SUPPLIES				\$ 5,383.83
Account No: Creditor # : 43 CADWELL LABATORIES, INC. 909 N. KELLOGG STREET Kennewick WA 99336		07/31/2010 MEDICAL EQUIPMENT				\$ 676.10
Account No: Creditor # : 44 CARDINAL HEALTH P.R., INC. P.O. BOX 71438 San Juan PR 00936		05/29/09 TO 07/31/10 MEDICAL SUPPLIES				\$ 1,598,551.61
Account No: Creditor # : 45 CARDIOPULMONARY ORGANIZATION P.O. BOX 981 Adjuntas PR 00601		07/31/2010 MEDICAL SERVICES				\$ 30.00
Account No: Creditor # : 46 CARLOS SANTOS MONTES C/O LCDO. JOHNNY OCASIO C/SALMON #45A PLAYA DE PONCE Ponce PR 00734		04/07/2010 EXTRAJUDICIAL CLAIM	X	X	X	\$ 1.00

Sheet No. 7 of 43 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority ClaimsSubtotal \$ \$ 2,535,660.83

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of
Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

In re HOSPITAL DAMAS, INC.Case No. 10-

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: Creditor # : 47 CARRIER DE PUERTO RICO P.O. BOX 9357 San Juan PR 00908		07/31/2010 REPAIRS & MAINTENANCE				\$ 52.00
Account No: Creditor # : 48 CATACHEM LATIN AMERICA CARR.140 KM 64.5 INTERIOR Barceloneta PR 00617		07/31/2010 LABORATORY SUPPLIES				\$ 833.35
Account No: Creditor # : 49 CBC OFFICE PRODUCTS, INC. P.O. BOX 336399 Ponce PR 00733-6399		07/31/2010 OFFICE SUPPLIES				\$ 299.60
Account No: Creditor # : 50 CFSE P.O. BOX 365028 San Juan PR 00936-5028		2001 TO 2005 FINES AND PENALTIES				\$ 93,647.06
Account No: Creditor # : 51 CIRACET, CORP. P.O. BOX 8420 Ponce PR 00732		05/31/09 TO 07/31/10 MEDICAL SERVICES				\$ 151,134.38
Account No: Creditor # : 52 COLLECTION TECHNOLOGY, INC. 99 EAST PROVIDENCIA AVE. Burbank CA 91510-7835		07/31/2010 STUDENT LOAN COLLECTION SVCS				\$ 324.00

Sheet No. 8 of 43 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority ClaimsSubtotal \$ \$ 246,290.39

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of
Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

In re HOSPITAL DAMAS, INC.Case No. 10-

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address Including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: Creditor # : 53 CONFESORA QUIÑONES C/O ULEES CALLE HECTOR SALAMAN #354 URB. LA MERCED San Juan PR 00918-2111		08/06/2009 LABOR ARBITRATION CASE NO. A-10-706	X	X	X	\$ 1.00
Account No: Creditor # : 54 CONFESORA QUIÑONES NIEVES C/O LCDO. SAMUEL RAMIREZ 32 CALLE ESTRELLA Ponce PR 00731		08/11/2009 WORK INCAPACITY CASE C.I. 99-200-05-3501-02 (0) CASE C.F.S.E. 99-56-00135-5	X	X	X	\$ 1.00
Account No: Creditor # : 55 CONVATEC III P.O. BOX 905769 Charlotte NC 28290-5769		07/31/2010 MEDICAL SUPPLIES				\$ 1,360.59
Account No: Creditor # : 56 COOP. AHORROS Y CREDITO P.O. BOX 7862 Ponce PR 00732		07/31/2010 PAYROLL WITHHOLDINGS				\$ 23,820.94
Account No: Creditor # : 57 COOP. DE SEGUROS DE VIDA PR P.O. BOX 71362 San Juan PR 00936-8462		07/31/2010 GROUP MEDICAL INSURANCE				\$ 24,268.55
Account No: Creditor # : 58 COVIDIEN (TYCO HEALTHCARE) GPO BOX 71416 San Juan PR 00936		07/09/08 TO 07/31/10 MEDICAL SUPPLIES				\$ 203,040.04

Sheet No. 9 of 43 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 252,492.12

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of
Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

In re HOSPITAL DAMAS, INC.Case No. 10-

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: Creditor # : 59 DAMARIS GONZALEZ C/O LCDO. CARLOS GARCIA P.O. BOX 800296 Coto Laurel PR 00780-0296		7/21/06 SUIT FOR MEDICAL MALPRACTICE CIVIL NO. JDP 2006-0348	X	X	X	\$ 1.00
Account No: Creditor # : 60 DAMAS SURGICENTER CORP. 2213 PONCE BY PASS Ponce PR 00717		07/31/2010 DUE TO AFFILIATED COMPANY				\$ 34,969.00
Account No: Creditor # : 61 DEBORAH J. NORMAN ELDREDGE C/O LCDO. ANGEL A. BELLO P.O. BOX 62 Guayama PR 00785		03/04/2009 SUIT FOR MEDICAL MALPRACTICE CIVIL NO. JDP 2009-0110	X	X	X	\$ 1.00
Account No: Creditor # : 62 DELTA DENTAL PLAN P.O. BOX 902092 San Juan PR 00902-0992		07/31/2010 DENTAL MEDICAL PLAN				\$ 11,967.69
Account No: Creditor # : 63 DEYA ELEVATOR SERVICES, INC. 1913 PONCE DE LEON AVE P.O. BOX 362411 San Juan PR 00936-2411		07/31/2010 ELEVATOR MAINTENANCE				\$ 2,112.00
Account No: Creditor # : 64 DIAGNOSTIC IMAGING SUPPLY SERV P.O. BOX 11923 San Juan PR 00922-1923		07/31/2010 MEDICAL SUPPLIES				\$ 1,125.00

Sheet No. 10 of 43 continuation sheets attached to Schedule of

Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 50,175.69

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

In re HOSPITAL DAMAS, INC.Case No. 10-

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: Creditor # : 65 DIVERSIFIED COLLECTION SERVICE 333 NORTH CANYONS PARKWAY SUITE 100 Livermore CA 94551		07/31/2010 DEBT COLLECTION SERVICES				\$ 448.50
Account No: Creditor # : 66 DORA A. AREIZAGA GARCIA DORAL PLAZA BLDG. SUITE 108 MENDEZ VIGO ST. Mayaguez PR 00680		07/31/2010 BILLING & COLLECTION SERVICES				\$ 38,757.34
Account No: Creditor # : 67 DR. EDILBERTO AYALA C/O LCDO. JOSE F. VELAZQUEZ CALLE SOL NUM. 37 Ponce PR 00730		11/21/2005 SUIT FOR BREACH OF CONTRACT CIVIL NO. JAC 2005-0964	X	X	X	\$ 1.00
Account No: Creditor # : 68 DR. PEDRO N. FARINACCI PMB 128 P.O. BOX 2000 Mercedita PR 00715		07/31/10 PROFESSIONAL SERVICES				\$ 61,670.00
Account No: Creditor # : 69 DR. RAFAEL L. OMS EDIFICIO PARRA 2225 PONCE BY PASS Ponce PR 00717-1320		05/29/09 TO 07/31/10 PROFESSIONAL SERVICES				\$ 15,000.00
Account No: Creditor # : 70 DR. RAFAEL MENDEZ RODRIGUEZ C/O LCDA. MIRIAM GONZALEZ P.O. BOX 9023998 San Juan PR 00902-9338		09/08/2009 SUIT FOR BREACH OF CONTRACT CIVIL NO. JPE 2009-0689	X	X	X	\$ 1.00

Sheet No. 11 of 43 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 115,877.84

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of
Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

In re HOSPITAL DAMAS, INC.Case No. 10-

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: Creditor # : 71 DRA. GLORIMAR VELAZQUEZ PASEO LA PRINCESA EDIF 2105 APTO 104 CALLE MONACO Ponce PR 00716		02/15/09 TO 07/31/10 PROFESSIONAL SERVICES				\$ 52,000.00
Account No: Creditor # : 72 EBI PATIENT CARE, INC. 1 ELECTRO-BIOLOGY BLVD. LOS FRAILES IND. PARK Guaynabo PR 00968		07/31/2010 MEDICAL SUPPLIES				\$ 4,436.00
Account No: Creditor # : 73 EDUARDO COLON BORRERO C/O LCDO. RAFAEL E. TORRES P.O. BOX 330644 Ponce PR 00733-0644		09/24/2009 EXTRAJUDICIAL CLAIM	X	X	X	\$ 1.00
Account No: Creditor # : 74 EDWARD JAVIER PEREZ C/O LCDO. JAVIER MENDEZ P.O. BOX 331041 Ponce PR 00733-1041		10/02/2009 EXTRAJUDICIAL CLAIM	X	X	X	\$ 1.00
Account No: Creditor # : 75 EDWARD LIFESCIENCE 21454 NETWORK PLACE Chicago IL 60673-1214		05/01/08 TO 07/31/10 MEDICAL SUPPLIES				\$ 86,833.40
Account No: Creditor # : 76 ELENA NIEVES RIVERA C/O LCDO. RAUL DAVILA 351 CALLE TETUAN SUITE 3-A San Juan PR 00901		3/25/2003 SUIT FOR MEDICAL MALPRACTICE CIVIL NO. JDP 2004-0131	X	X	X	\$ 1.00

Sheet No. 12 of 43 continuation sheets attached to Schedule of

Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 143,272.40

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

In re HOSPITAL DAMAS, INC.Case No. 10-

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: Creditor # : 77 ELIZABETH ESPADA C/O LCDO. GLEN CARL JAMES PMB 501 1353 RD 19 Guaynabo PR 00965-2700		12/2006 SUIT FOR MEDICAL MALPRACTICE CIVIL NO. JDP 2006-0624	X	X	X	\$ 1.00
Account No: Creditor # : 78 ELSA DEL CELIS BERMUDEZ C/O LCDO. JOSE A. RUIZ RIVERA P.O. BOX 120 Mercedita PR 00715-0120		06/19/2009 SUIT FOR MEDICAL MALPRACTICE CIVIL NO. JDP 2009-0323	X	X	X	\$ 1.00
Account No: Creditor # : 79 ELSIE SUAREZ C/O ULEES CALLE HECTOR SALAMAN #354 URB. LA MERCED San Juan PR 00918-2111		07/16/2007 LABOR ARBITRATION CASE NO. A-08-146	X	X	X	\$ 1.00
Account No: Creditor # : 80 EMI SECURITY SERVICES, INC. P.O. BOX 1856 Yauco PR 00698		07/31/10 SECURITY SERVICES				\$ 9,291.60
Account No: Creditor # : 81 EMIFEL NARVAEZ C/O LCDO. RAFAEL E. GARCIA 206 CALLE TETUAN SUITE 701 San Juan PR 00901		03/11/2009 SUIT FOR MEDICAL MALPRACTICE CIVIL NO. JDP 2009-0151	X	X	X	\$ 1.00
Account No: Creditor # : 82 EOM MEDICAL CORP AVE. JESUS T. PINERO 256-B UNIVERSITY GARDENS San Juan PR 00927		07/31/2010 MEDICAL SUPPLIES				\$ 2,040.00

Sheet No. 13 of 43 continuation sheets attached to Schedule of

Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 11,335.60

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

In re HOSPITAL DAMAS, INC.Case No. 10-

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: Creditor # : 83 EYE TECH COMPANY P.O. BOX 9370 PLAZA CAROLINA STATION Carolina PR 00988		07/31/2010 MEDICAL PRODUCTS				\$ 904.60
Account No: Creditor # : 84 FELICITA COLON AND OTHERS C/O LCDA. YADIRA MANFREDY 2905 AVE EMILIO FAGOT Ponce PR 00716-3613		5/15/2006 SUIT FOR MEDICAL MALPRACTICE CIVIL NO. JDP 2006-0211	X	X	X	\$ 1.00
Account No: Creditor # : 85 FELIPE NUÑEZ LOPEZ C/O LCDO. FERNANDO J. FORNARIS P.O. BOX 364966 San Juan PR 00916-4966		03/23/2010 SUIT FOR MEDICAL MALPRACTICE CIVIL NO. JDP 2010-0146 (604)	X	X	X	\$ 1.00
Account No: Creditor # : 86 FELIX ROSALY VAZQUEZ C/O LCDO. JOSE R. GOYCO AMADOR 2116 AVE. LAS AMERICAS Ponce PR 00717-0722		6/3/2004 SUIT FOR MEDICAL MALPRACTICE CIVIL NO. JDP 2004-0243	X	X	X	\$ 1.00
Account No: Creditor # : 87 FELIX VALOY OCASIO C/O LCDO. HECTOR L. MORENO LUNA P.O. BOX 1364 Utuaado PR 00641-1364		10/27/2006 SUIT FOR MEDICAL MALPRACTICE CIVIL NO. JDP 2006-0539	X	X	X	\$ 1.00
Account No: Creditor # : 88 FENWAL, INC. THREE CORPORATION DRIVE Lake Zurich IL 60047		07/31/2010 MEDICAL SUPPLIES				\$ 355.97

Sheet No. 14 of 43 continuation sheets attached to Schedule of

Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 1,264.57

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

In re HOSPITAL DAMAS, INC.,Case No. 10-

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: Creditor # : 89 FERDINAND MARTINEZ SOTOMAYOR C/O LCDO. FELIX A. TORO JR. P.O. BOX 7719 Ponce PR 00732		05/21/2010 SUIT FOR MEDICAL MALPRACTICE CIVIL NO. JDP 2010-0214 (604)	X	X	X	\$ 1.00
Account No: Creditor # : 90 FERGUSON CESCO, INC. P.O. BOX 361312 San Juan PR 00936-1312		07/31/2010 PLUMBING SUPPLIES				\$ 905.38
Account No: Creditor # : 91 FULLER BRUSH P.O. BOX 362617 Saint Louis MO 63179-0403		07/31/2010 MAINTENANCE SUPPLIES				\$ 1,119.18
Account No: Creditor # : 92 GE HEALTHCARE OF P.R., CORP (AMERSHAM) PO BOX 71223 San Juan PR 00936-8723		09/09/09 TO 07/31/10 MEDICAL TREATMENT SERVICES				\$ 62,755.00
Account No: Creditor # : 93 GEORGINA LOPEZ C/O LCDO. JUAN E. MEDINA 2140 AVE. LAS AMERICAS Ponce PR 00717-0570		04/01/2009 SUIT FOR MEDICAL MALPRACTICE CIVIL NO. JDP 2009-0176	X	X	X	\$ 1.00
Account No: Creditor # : 94 GINA BAUZA BO. LA PONDEROSA CALLE LAREDO #620 Ponce PR 00730		05/11/2009 LABOR DISCRIMINATION CASE NO. UADA9029CP	X	X	X	\$ 1.00

Sheet No. 15 of 43 continuation sheets attached to Schedule of

Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 64,782.56

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

In re HOSPITAL DAMAS, INC.,Case No. 10-

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No:		6/14/2007	X	X	X	\$ 1.00
Creditor # : 95 GLORIA L. RIVERA DAVID C/O LCDA. HILDA E. COLON P.O. BOX 219 Barranquitas PR 00794		SUIT FOR MEDICAL MALPRACTICE CIVIL NO. JDP 2007-0272				
Account No:		05/31/10 TO 07/31/10				\$ 36,698.68
Creditor # : 96 GOLDEN INDUSTRIAL LAUNDRY, INC P.O. BOX 7696 Ponce PR 00732		LAUNDRY SERVICES				
Account No:		07/31/09 TO 07/31/10				\$ 25,830.00
Creditor # : 97 GOMEZ BUS LINE, CO. HC 06 BUZON 2225 Ponce PR 00731-9602		TRANSPORTATION SERVICES				
Account No:		06/30/2009	X	X	X	\$ 1.00
Creditor # : 98 GUALBERTO DIAZ 6005 CAPULIN STREET BUENAVISTA DEVELOPMENT Mayaguez PR 00682		LABOR LAW VIOLATIONS CASE NO. OM-10-232				
Account No:		07/31/2010				\$ 3,800.00
Creditor # : 99 GUIDANT PUERTO RICO SALES CORP TORRES CHARDON BUILDING SUITE 1001-350 AVE. CHARDON San Juan PR 00918		MEDICAL SUPPLIES				
Account No:		11/01/2007				\$ 3,239.00
Creditor # : 100 HASLER FINANCIAL SERVICES, LLC 3400 BRIDGE PARKWAY SUITE 201 Redwood City CA 94065		CAPITAL LEASE OF THE MAILING EQUIPMENT LISTED ON SCHEDULE B				

Sheet No. 16 of 43 continuation sheets attached to Schedule of

Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 69,569.68

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

In re HOSPITAL DAMAS, INC.Case No. 10-

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: Creditor # : 101 HIM ON CALL, INC. 1033 HAMILTON STREET Allentown PA 18101-1049		07/31/2010 MEDICAL RECORDS CONTRACT				\$ 19,795.78
Account No: Creditor # : 102 HOME DEPOT P.O. BOX 9055 Des Moines IA 50368-9055		07/31/2010 SUPPLIES & PARTS				\$ 50.08
Account No: Creditor # : 103 HOSPITAL DR. PILA P.O. BOX 331910 Ponce PR 00733-1910		07/31/2010 PROFESSIONAL SERVICES				\$ 8,241.04
Account No: Creditor # : 104 HOSPITAL SAN LUCAS II P.O. BOX 336810 Ponce PR 00733		06/30/2010 MEDICAL SERVICES				\$ 3,535.00
Account No: Creditor # : 105 IMPERIAL CREDIT CORPORATION 101 HUDSON ST., 33rd FL. Jersey City NJ 07302		07/31/2010 INSURANCE POLICY				\$ 139,218.30
Account No: Creditor # : 106 IMPRENTA LLORENS, INC. HC-03 BOX 12149 Juana Diaz PR 00795		07/31/2010 OFFICE SUPPLIES				\$ 3,236.20

Sheet No. 17 of 43 continuation sheets attached to Schedule of

Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 174,076.40

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

In re HOSPITAL DAMAS, INC.,Case No. 10-
(if known)

Debtor(s)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: Creditor # : 107 IMPRENTA QUIÑONES BOX 331102 Ponce PR 00733-1102		07/31/2010 OFFICE SUPPLIES				\$ 374.50
Account No: Creditor # : 108 INFOMEDIKA, INC. PO BOX 11095 CAPARRA HEIGHTS STATION San Juan PR 00922		08/2007 & 11/2007 FINANCING AGREEMENT FOR THE ACQUISITION & IMPLEMENTATION OF BILLING SYSTEM				\$ 253,781.00
Account No: Creditor # : 109 INFOMEDIKA, INC. P.O. BOX 11095 CAPARRA HEIGHTS STATION San Juan PR 00922		09/16/08 TO 07/31/10 COMPUTER MAINTENANCE				\$ 53,893.16
Account No: Creditor # : 110 INO THERAPEUTICALS, LLC 6 STATE ROUTE 173 Clinton NJ 08809		07/31/10 PHARMACEUTICAL PRODUCTS				\$ 66,883.20
Account No: Creditor # : 111 INSTITUTO EMERGENCIAS MEDICAS CORT. 4 HH5 ALTURAS DE BORINQUEN GARDENS San Juan PR 00929		04/2002 TO 11/2002 SECURITY DEPOSIT ADMINISTRATION OF THE EMERGENCY ROOM				\$ 137,500.00
Account No: Creditor # : 112 IRVING CASIANO NIEVES C/O LCDO. FERMIN L. ARRAIZA #2 AVE. PONCE DE LEON, ST.720 San Juan PR 00918		06/21/2010 SUIT FOR TORT ACTION VIOLATION OF CIVIL RIGHTS CIVIL NO. 2010-0264	X	X	X	\$ 1.00

Sheet No. 18 of 43 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority ClaimsSubtotal \$ \$ 512,432.86

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of
Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

In re HOSPITAL DAMAS, INC.,Case No. 10-

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No:		12/31/2007				\$ 266,306.00
Creditor # : 113 ISLA LAB PRODUCTS, CORP. P.O. BOX 361810 San Juan PR 00936-1810		CAPITAL LEASE OF LABORATORY EQUIPMENT LISTED ON SCHEDULE B				
Account No:		04/13/09 TO 07/31/10				\$ 312,726.86
Creditor # : 114 ISLA LAB PRODUCTS, CORP. P.O. BOX 361810 San Juan PR 00936-1810		LABORATORY SUPPLIES				
Account No:		11/07/08 TO 07/31/10				\$ 286,542.60
Creditor # : 115 J & J MEDICAL CARIBBEAN P.O. BOX 70304 San Juan PR 00936-8304		MEDICAL SUPPLIES				
Account No:		03/04/2010	X	X	X	\$ 1.00
Creditor # : 116 JAIRO EVANS GOMEZ C/O LCDO. DAVID F. CASTILLO 1506 PASEO FAGOT STE. 3 Ponce PR 00716-2302		SUIT FOR LABOR CLAIM UNJUSTIFIED TERMINATION CIVIL NO. JPE 2010-0163				
Account No:		06/25/2008	X	X	X	\$ 1.00
Creditor # : 117 JOANNE MARTINEZ HC 08 BOX 951 Ponce PR 00731-9706		LABOR ARBITRATION CASE NO. A-09-354				
Account No:		06/30/2010	X	X	X	\$ 1.00
Creditor # : 118 JOEL LUCIANO CARABALLO C/O LCDO. HATUEY INFANTE P.O. BOX 29314 San Juan PR 00917-1318		SUIT FOR MEDICAL MALPRACTICE CIVIL NO. 10-1588 (PG)				

Sheet No. 19 of 43 continuation sheets attached to Schedule of

Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 865,578.46

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

In re HOSPITAL DAMAS, INC.Case No. 10-

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: Creditor # : 119 JORGE VAZQUEZ BO CLAUSELLS CALLE 25 Ponce PR 00731		05/01/10 TO 07/31/10 FOOD SUPPLIES				\$ 5,083.05
Account No: Creditor # : 120 JOSE O. ALVERIO DIAZ C/O LCDO. CARLOS M. ORTIZ CALLE HATILLO #55 San Juan PR 00918		04/13/2009 CLASS ACTION SUIT FOR SALARY CLAIM CIVIL NO. JPE 2009-0267	X	X	X	\$ 1.00
Account No: Creditor # : 121 JOSE O. ALVERIO DIAZ C/O LCDO. CARLOS M. ORTIZ CALLE HATILLO NUM. 55 San Juan PR 00918		12/30/2009 SUIT FOR LABOR CLAIM CIVIL NO. JPE-2009-0964	X	X	X	\$ 1.00
Account No: Creditor # : 122 JOSE O. ALVERIO DIAZ C/O LCDO. CARLOS M. ORTIZ CALLE HATILLO #55 San Juan PR 00918		04/13/2010 CLASS ACTION SUIT FOR CHRISTMAS BONUS CIVIL NO. JPE 2009-0268	X	X	X	\$ 1.00
Account No: Creditor # : 123 JOSE SANTIAGO, INC. P.O. BOX 191795 San Juan PR 00919-1795		05/01/10 TO 07/31/10 FOOD SUPPLIES				\$ 5,475.11
Account No: Creditor # : 124 JUAN ORTA RODRIGUEZ C/O LCDO. LUIS R. RIVERA EDIF. CAPITAL CENTER SUITE 401 San Juan PR 00918		03/27/2009 SUIT BALANCE OF SETTLEMENT AGREEMENT AS OF 09/30/10 FOR MALPRACTICE CLAIM.				\$ 425,000.00

Sheet No. 20 of 43 continuation sheets attached to Schedule of

Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 435,561.16

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

In re HOSPITAL DAMAS, INC.Case No. 10-

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: Creditor # : 125 JUANITA L. ORTIZ CALLE LAS CARROZAS #2625 PERLA DEL SUR Ponce PR 00717-1318		08/14/2009 LABOR DISCRIMINATION E.E.O.C. CHARGE NO.515-2009-00586	X	X	X	\$ 1.00
Account No: Creditor # : 126 L & M SALES AND SERVICES, INC P.O. BOX 1394 Hormigueros PR 00660-1394		07/31/2010 REPAIRS & MAINTENANCE				\$ 614.55
Account No: Creditor # : 127 LA CRUZ ROJA AMERICANA DE PR P.O. BOX 905890 Charlotte NC 28290-5890		05/01/10 TO 07/31/10 BLOOD PROVISIONS				\$ 66,361.00
Account No: Creditor # : 128 LA ELECTRICAL, INC. P.O. BOX 1625 Ponce PR 00733-1625		07/31/2010 REPAIRS & MAINTENANCE				\$ 851.56
Account No: Creditor # : 129 LABORATORIO CLINICO ANALITICO 1326 CALLE SALUD # 309 Ponce PR 00717-1689		07/31/2010 LABORATORY SERVICES				\$ 1,000.00
Account No: Creditor # : 130 LABORATORIO VASCULAR CLINICO PONCE, INC. P.O. BOX 7123 Ponce PR 00732-7123		05/01/10 TO 07/31/10 LABORATORY SERVICES				\$ 11,359.32

Sheet No. 21 of 43 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 80,187.43

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of
Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

In re HOSPITAL DAMAS, INC.Case No. 10-

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: Creditor # : 131 LABORATORY CORP OF AMERICA P.O. BOX 12140 Burlington NC 27215-2140		09/26/09 TO 07/31/10 LABORATORY SERVICES				\$ 136,293.11
Account No: Creditor # : 132 LANTHEUS MEDICAL IMAGING RADIOPHARMACEUTICALS (BMS) #150 FEDERICO COSTA SUITE #1 San Juan PR 00918-1303		10/06/09 TO 07/31/10 MEDICAL SUPPLIES				\$ 77,572.51
Account No: Creditor # : 133 LIQUILUX GAS CORP. P.O. BOX 7144 Ponce PR 00734		07/31/2010 GAS SUPPLIER				\$ 1,142.16
Account No: Creditor # : 134 LIZBETH VARGAS COLON C/O LCDO. DAVID EFRON P.O. BOX 29314 San Juan PR 00929-0314		01/12/2007 SUIT BALANCE OF SETTLEMENT AGREEMENT AS OF 09/19/10 FOR MALPRACTICE CLAIM.				\$ 1,100,000.00
Account No: Creditor # : 135 LIZMAIRY GALARZA MUÑOZ C/O LCDA. JESSICA E. PLANELL P.O. BOX 9023926 San Juan PR 00902-3926		10/08/2009 SUIT FOR MEDICAL MALPRACTICE CIVIL NO. JDP 2009-0506	X	X	X	\$ 1.00
Account No: Creditor # : 136 LM WASTE SERVICE CORPORATION PMB 123 BOX 7886 Guaynabo PR 00970-7886		06/30/10 TO 07/31/10 WASTE DISPOSAL SERVICES				\$ 7,356.00

Sheet No. 22 of 43 continuation sheets attached to Schedule of

Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 1,322,364.78

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

In re HOSPITAL DAMAS, INC.Case No. 10-

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: Creditor # : 137 LOOMIS, FARGO & CO. P.O. BOX 70282 San Juan PR 00936-8282		07/31/2010 DEPOSIT TRANSPORTATION SERVICES				\$ 700.00
Account No: Creditor # : 138 LUIS F. TORRES URB. SAN AUGUSTO CALLE B A 14 Guayanilla PR 00656		04/21/2010 LABOR ARBITRATION CASE NO. A-10-2831	X	X	X	\$ 1.00
Account No: Creditor # : 139 LUIS RAFAEL GONZALEZ C/O LCDO. SANTIAGO MARI ROCA P.O. BOX 1589 Mayaguez PR 00681-1589		12/18/1997 SUIT FOR MEDICAL MALPRACTICE CIVIL NO. JDP 97-0627	X	X	X	\$ 1.00
Account No: Creditor # : 140 LUISA M. NARVAEZ POLA C/O LCDO. JUAN H. SERRANO P.O. BOX 331445 Ponce PR 00733-1445		04/23/2009 WORK INCAPACITY CASE C.I. 97-400-04-6342-1 (0) CASE C.F.S.E. 96-56-04129-7	X	X	X	\$ 1.00
Account No: Creditor # : 141 LYDIA RENTAS RUIZ C/O LCDO. IVAN R. AYALA CRUZ CALLE CASTILLO #1 Ponce PR 00730-3824		07/03/2009 SUIT FOR MEDICAL MALPRACTICE CIVIL NO. JDP 2009-0348	X	X	X	\$ 1.00
Account No: Creditor # : 142 MAILFINANCE P.O. BOX 45850 San Francisco CA 94145-0850		05/11/2010 POSTAGE SERVICES				\$ 192.38

Sheet No. 23 of 43 continuation sheets attached to Schedule of

Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 896.38

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

In re HOSPITAL DAMAS, INC.Case No. 10-

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: Creditor # : 143 MANUEL C. LOPEZ MERCADO C/O LCDO. ALEXIS PORRATA P.O. BOX 1165 Salinas PR 00751		07/22/2010 EXTRAJUDICIAL CLAIM	X	X	X	\$ 1.00
Account No: Creditor # : 144 MANUEL TORRES CAMPOS C/O LCDO. FELIX A. LIZASUAIN P.O. BOX 3263 Guayama PR 00785		04/03/2010 EXTRAJUDICIAL CLAIM	X	X	X	\$ 1.00
Account No: Creditor # : 145 MAFERE PUERTO RICO P.O. BOX 70333 San Juan PR 00936-8333		07/31/2010 INSURANCE POLICY				\$ 6,206.80
Account No: Creditor # : 146 MARANGELI GONZALEZ RAMOS C/O LCDO. HUMBERTO RIVERA APARTADO 9035 Ponce PR 00732-9035		04/13/2009 EXTRAJUDICIAL CLAIM	X	X	X	\$ 1.00
Account No: Creditor # : 147 MARCELO MONTES C/O LCDO. CARLOS M. ORTIZ CALLE HATILLO NUM. 55 San Juan PR 00918		11/09/2009 SUIT FOR JUDICIAL CLAIM CIVIL NO. JPE 2009-0833	X	X	X	\$ 1.00
Account No: Creditor # : 148 MARIA SANTOS CALIZ C/O LCDO. GAMALIER PAGAN P.O. BOX 801052 Coto Laurel PR 00780-1052		07/23/2009 SUIT FOR MEDICAL MALPRACTICE CIVIL NO. JDP 2009-0378	X	X	X	\$ 1.00

Sheet No. 24 of 43 continuation sheets attached to Schedule of

Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 6,211.80

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

In re HOSPITAL DAMAS, INC.Case No. 10-

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No:		04/19/2007	X	X	X	\$ 1.00
Creditor # : 149 MARIA VELAZQUEZ SAEZ C/O LCDR. NILSA C. MORALES URB. COUNRTY CLUB, C/514, OE-6 Carolina PR 00982		WORK INCAPACITY CASE C.I. 1-300-01-2351-2 CASE C.F.S.E. 99-56-01359-4				
Account No:		10/09/2008	X	X	X	\$ 1.00
Creditor # : 150 MARITZA RODRIGUEZ URB. JARDINES DE VILLALBA #10 Sabana Grande PR 00637		LABOR DISCRIMINATION CASE NO. UADA80784CP				
Account No:		08/01/07 TO 12/01/07				\$ 24,666.65
Creditor # : 151 ME SYSTEM, INC. P.O. BOX 366003 San Juan PR 00936-6003		SERVICES				
Account No:		10/22/09 TO 06/30/10				\$ 34,165.00
Creditor # : 152 MEDICAL BIOTRONIC, INC. P.O. BOX 2952 Bayamon PR 00960-2952		MEDICAL SUPPLIES				
Account No:		07/31/2010				\$ 4,500.00
Creditor # : 153 MEDIKA INTERNATIONAL P.O. BOX 360888 San Juan PR 00936-0888		MEDICAL TREATMENT SERVICES				
Account No:		07/31/2010				\$ 2,500.00
Creditor # : 154 MEDIQUANT, INC. 740 KENMAR INDUSTRIAL PARKWAY Broadview Height OH 44147		REPAIRS & MAINTENANCE				

Sheet No. 25 of 43 continuation sheets attached to Schedule of

Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 65,833.65

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

In re HOSPITAL DAMAS, INC.Case No. 10-

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: Creditor # : 155 MEDTRONIC, INC. P.O. BOX 36389 San Juan PR 00936-3829		12/28/07 TO 07/31/10 MEDICAL SUPPLIES				\$ 132,600.00
Account No: Creditor # : 156 MENACO CORP. P.O. BOX 70183 San Juan PR 00936-8183		05/31/10 TO 07/31/10 REPAIRS & MAINTENANCE				\$ 8,339.92
Account No: Creditor # : 157 MERINO DE PONCE, INC. P.O. BOX 250 Ponce PR 00734		05/01/10 TO 07/31/10 REPAIRS & MAINTENANCE				\$ 638.70
Account No: Creditor # : 158 MIGUEL A. ROBLES P.O. BOX 7830 Ponce PR 00732		02/19/2010 EXTRAJUDICIAL CLAIM	X	X	X	\$ 1.00
Account No: Creditor # : 159 MIGUEL MORALES C/O LCDO. CARLOS M. ORTIZ CALLE COLL Y TOSTE NUM. 50 San Juan PR 00918		09/08/2006 SUIT FOR WAGE CLAIM CIVIL NO. JPE 2006-0795	X	X	X	\$ 1.00
Account No: Creditor # : 160 MILDRED J. MAGE SOTO C/O LCDO MANUEL SAN JUAN P.O. BOX 9023587 San Juan PR 00902-3587		02/09/2009 SUIT FOR MEDICAL MALPRACTICE CIVIL NO. JDP 2009-0069	X	X	X	\$ 1.00

Sheet No. 26 of 43 continuation sheets attached to Schedule of

Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 141,581.62

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

In re HOSPITAL DAMAS, INC.Case No. 10-

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: Creditor # : 161 MILLENIUM SURGICAL DEVICE, INC PMB 482 P.O. BOX 6400 Cayey PR 00737		07/22/09 TO 07/31/10 MEDICAL SUPPLIES				\$ 2,063.40
Account No: Creditor # : 162 MMM HEALTHCARE, INC. P.O. BOX 7114 San Juan PR 00936-8014		07/31/2010 HEALTHCARE INSURANCE REIMBURSEMENTS				\$ 5,323.38
Account No: Creditor # : 163 MP GROUP 100 GRAN BULEVAR PASEOS SUITE 403-A San Juan PR 00926		07/31/2010 ADVERTISING SERVICES				\$ 1,520.00
Account No: Creditor # : 164 MR. PRICE P.O. BOX 3852 Mayaguez PR 00681		07/31/2010 FOOD SUPPLIES				\$ 4,754.47
Account No: Creditor # : 165 MYLKA ORTIZ RIVERA C/O LCDA. ANA MARIA RAMIREZ PMB 192, AVE. ALEJANDRINO 3071 Guaynabo PR 00969-7035		08/04/2010 SUIT FOR TORT ACTION CASE NO. JDP 2010-0320	X	X	X	\$ 1.00
Account No: Creditor # : 166 NIETOS EMERGENCY, ASSOC. C/O AVILES, CRUZ Y ASSOC. P.O. BOX 6255 Mayaguez PR 00681		01/2003 TO 06/2004 SECURITY DEPOSIT ADMINISTRATION OF THE EMERGENCY ROOM				\$ 104,500.00

Sheet No. 27 of 43 continuation sheets attached to Schedule of

Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 118,162.25

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

In re HOSPITAL DAMAS, INC.Case No. 10-

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No:		10/29/2003	X	X	X	\$ 1.00
Creditor # : 167 NILSA I. DIAZ RIVERA C/O LCDA. LEIDA GONZALEZ 1295 AVE MUÑOZ RIVERA STE 3 Ponce PR 00717-0723		SUIT FOR MEDICAL MALPRACTICE CIVIL NO. JDP 2003-0462				
Account No:		10/28/2009	X	X	X	\$ 1.00
Creditor # : 168 NITZA E. SANCHEZ RODRIGUEZ C/O LCDO. MANUEL SAN JUAN P.O. BOX 9023587 San Juan PR 00902-3587		SUIT FOR MEDICAL MALPRACTICE CIVIL NO. JDP 2009-0530(601)				
Account No:		1/12/1995	X	X	X	\$ 1.00
Creditor # : 169 NOEL IRIZARRY RIVERA C/O LCDO. MARTIN GONZALEZ P.O. BOX 5716 Ponce PR 00733		SUIT FOR MEDICAL MALPRACTICE CIVIL NO. JDP 1995-0016				
Account No:		07/31/2010				\$ 2,985.48
Creditor # : 170 NORTHWESTERN SELECTA, INC P.O. BOX 10718 CAPARRA HEIGHTS STATION San Juan PR 00922		FOOD SUPPLIES				
Account No:		07/31/2010				\$ 1,166.30
Creditor # : 171 OFFICETEK SYSTEMS, INC. 2980 AVE. EMILIO FAGOT Ponce PR 00716		OFFICE SUPPLIES & EQUIPMENT				
Account No:		03/11/2009	X	X	X	\$ 1.00
Creditor # : 172 OLGA MALDONADO C/O LCDO. RAFAEL E. GARCIA 206 CALLE TETUAN SUITE 701 San Juan PR 00901		SUIT FOR MEDICAL MALPRACTICE FEDERAL COURT CIVIL NO. 2009-1240 (CCC)				

Sheet No. 28 of 43 continuation sheets attached to Schedule of

Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 4,155.78

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

In re HOSPITAL DAMAS, INC.Case No. 10-

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: Creditor # : 173 OLIVER EXTERMINATING P.O. BOX 30586 Ponce PR 00733-0586		07/31/2010 EXTERMINATING SERVICES				\$ 2,520.00
Account No: Creditor # : 174 OLYMPUS LATIN AMERICAN, INC. 5301 BLUE LAGOON DRIVE SUITE 290 Miami FL 33126-2097		07/31/2010 EQUIPMENT REPAIRS				\$ 1,900.00
Account No: Creditor # : 175 OMAYRA ORTIZ DE JESUS C/O LCDO. RAMON A. TORRES C/VILLA 139 PLAZA SOL, ST.105 Ponce PR 00730		05/19/2010 EXTRAJUDICIAL CLAIM	X	X	X	\$ 1.00
Account No: Creditor # : 176 ONCURA AMERSHAM BUSINESS P.O. BOX 643458 Pittsburgh PA 15264-3458		05/05/08 TO 07/31/10 MEDICAL TREATMENT SERVICES				\$ 33,499.90
Account No: Creditor # : 177 ORLANDO L. GUZMAN VILLANUEVA C/O LCDO. JOSE A. MORALES BOSCO 1454 AVE. FERNANDEZ JUNCOS San Juan PR 00909		7/19/2006 SUIT FOR MEDICAL MALPRACTICE CIVIL NO. JDP 2006-0342	X	X	X	\$ 1.00
Account No: Creditor # : 178 P.R. HOSPITAL SUPPLY, INC. P.O. BOX 158 Carolina PR 00986-0158		09/12/09 TO 07/31/10 MEDICAL SUPPLIES				\$ 518,339.63

Sheet No. 29 of 43 continuation sheets attached to Schedule of

Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 556,261.53

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

In re HOSPITAL DAMAS, INC.,Case No. 10-

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: Creditor # : 179 P.R. SALES & MEDICAL SERVICES CAMPO RICO OFFICE PLAZA 10,000 AVE. ROBERTO SANCHEZ VILELLA Carolina PR 00983-2981		04/30/10 TO 07/31/10 RENTAL EQUIPMENT				\$ 21,685.20
Account No: Creditor # : 180 PAN AMERICAN LIFE INSURANCE CO. METRO OFFICE PARK 2 CALLE 1 SUITE 101 Guaynabo PR 00968-1705		07/31/10 GROUP MEDICAL INSURANCE				\$ 117,343.00
Account No: Creditor # : 181 PARRA, DEL VALLE & LIMERES P.O. BOX 331429 Ponce PR 00733-1429		07/31/2010 PROFESSIONAL SERVICES				\$ 4,590.00
Account No: Creditor # : 182 PEDIATRIX GROUP OF P.R., PSC P.O. BOX 281034 Atlanta GA 30384-1034		07/31/2010 MEDICAL TREATMENT SERVICES				\$ 29,850.00
Account No: Creditor # : 183 PELEGRINA MEDICAL, INC. P.O. BOX 910 Saint Just PR 00978		08/07/09 MEDICAL EQUIPMENT				\$ 34,608.68
Account No: Creditor # : 184 PETRO WEST PR, INC. P.O. BOX 1256 Mayaguez PR 00681-1256		07/31/2010 MAINTENANCE SUPPLIES				\$ 14,160.00

Sheet No. 30 of 43 continuation sheets attached to Schedule of

Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 222,236.88

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

In re HOSPITAL DAMAS, INC.Case No. 10-

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: Creditor # : 185 PHEAA 1200 N 7th ST. Harrisburg PA 17102		07/31/2010 EDUCATION ASSISTANCE				\$ 320.13
Account No: Creditor # : 186 PHILIPS MEDICAL SYSTEMS, INC 200 WINSTON CHURCHILL AVE. SUITE 302 San Juan PR 00926-6650		05/31/09 TO 07/31/10 REPAIRS & MAINTENANCE				\$ 20,866.76
Account No: Creditor # : 187 PONCE HILTON AND CASINO P.O. BOX 7419 Ponce PR 00732-7419		05/30/2008 SEMINARS				\$ 5,227.98
Account No: Creditor # : 188 PRAXAIR DE P.R., INC. P.O. BOX 307 Gurabo PR 00778		09/29/09 TO 07/31/10 OXYGEN SUPPLIER				\$ 48,855.06
Account No: Creditor # : 189 PREMIERE CREDIT NORTH AMERICA P.O. BOX 19309 Indianapolis IN 46219		07/31/2010 DEBT COLLECTION SERVICES				\$ 360.00
Account No: Creditor # : 190 PRINT SOLUTIONS CORP P.O. BOX 10401 Ponce PR 00732		06/12/09 TO 07/31/10 OFFICE SUPPLIES				\$ 66,278.50

Sheet No. 31 of 43 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority ClaimsSubtotal \$ \$ 141,908.43

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of
Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

In re HOSPITAL DAMAS, INC.Case No. 10-

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See Instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: Creditor # : 191 PROG. ENFERMEDADES HEREDITARIAS GPO BOX 70192 San Juan PR 00936		07/31/2010 MEDICAL SERVICES				\$ 16,132.00
Account No: Creditor # : 192 PROVISIONES LEGRAND P.O. BOX 192217 San Juan PR 00919-2217		07/31/2010 FOOD SUPPLIES				\$ 3,069.24
Account No: Creditor # : 193 PUERTO RICO BIOMEDICAL P.O. BOX 4755 Carolina PR 00984-4755		08/06/09 TO 07/31/10 MEDICAL SUPPLIES				\$ 12,921.48
Account No: Creditor # : 194 PUERTO RICO INTERNATIONAL SALT P.O. BOX 1144 Mayaguez PR 00681-1144		07/31/2010 FOOD SUPPLIES				\$ 1,140.00
Account No: Creditor # : 195 PUERTO RICO SURGICAL TECH HC-72 BOX 3766-0324 Naranjito PR 00719		03/02/09 TO 07/31/10 MEDICAL SUPPLIES				\$ 24,429.35
Account No: Creditor # : 196 PULMO LAB EDIF. PARRA 2225 PONCE BY PASS Ponce PR 00717-1379		07/31/2010 MEDICAL SUPPLIES				\$ 5,000.00

Sheet No. 32 of 43 continuation sheets attached to Schedule of

Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 62,692.07

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

In re HOSPITAL DAMAS, INC.Case No. 10-

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: Creditor # : 197 PULMONARY SERVICES P.O. BOX 19870 FERNANDEZ JUNCOS STATION San Juan PR 00910		06/30/2010 MEDICAL SERVICES				\$ 275.00
Account No: Creditor # : 198 RAMON RIVERA PMB 205 P.O. BOX 7105 Ponce PR 00732		06/11/2009 LABOR DISCRIMINATION CASE NO. UADA08900CP	X	X	X	\$ 1.00
Account No: Creditor # : 199 RAMON RIVERA PMB 205 P.O. BOX 7105 Ponce PR 00732		08/15/2008 LABOR ARBITRATION CASE NO. A-09-848	X	X	X	\$ 1.00
Account No: Creditor # : 200 RAMONITA TORRES C/O ULEES CALLE HECTOR SALAMAN #354 URB. LA MERCED San Juan PR 00918-2111		02/20/2008 LABOR ARBITRATION CASE NO. A-08-1925	X	X	X	\$ 1.00
Account No: Creditor # : 201 REFRICENTRO DE PONCE 1768 PONCE BY PASS SUITE 101 Ponce PR 00731-5609		07/31/2010 REPAIRS & MAINTENANCE				\$ 2,297.32
Account No: Creditor # : 202 REINA ARROYO CALLE HECTOR SALAMAN #354 URB. LA MERCED San Juan PR 00918-2111		07/24/2008 LABOR ARBITRATION CASE NO. A-09-486	X	X	X	\$ 1.00

Sheet No. 33 of 43 continuation sheets attached to Schedule of

Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 2,576.32

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

In re HOSPITAL DAMAS, INC.Case No. 10-

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: Creditor # : 203 RIMACO, INC. PO BOX 8895 FERNANDEZ JUNCOS STATION San Juan PR 00910-8895		05/01/10 TO 07/31/10 MEDICAL SUPPLIES				\$ 134,938.74
Account No: Creditor # : 204 RMC ORTHOPEDIC & SURGICAL 74 LOPATEGUI AVE. SUITE 204 Guaynabo PR 00969-3845		07/31/2010 MEDICAL SUPPLIES				\$ 1,350.00
Account No: Creditor # : 205 ROSA M. RIVERA ROSARIO HC-02 BOX 9152 Aibonito PR 00705		07/29/2009 EXTRAJUDICIAL CLAIM	X	X	X	\$ 1.00
Account No: Creditor # : 206 ROSA SANTIAGO MALAVE C/O LCDO. OSVALDO PEREZ 623 PONCE D LEON STE 601-602 A San Juan PR 00917-4806		08/12/2009 SUIT FOR MEDICAL MALPRACTICE CIVIL NO. JDP 2009-0414	X	X	X	\$ 1.00
Account No: Creditor # : 207 ROSALINA RIVERA C/O LCDO. CARLOS A. SOTO P.O. BOX 800663 Coto Laurel PR 00780-0663		03/05/2010 SUIT FOR UNJUSTIFIED TERMINATION DISCRIMINATION AND SALARY CLAIM CIVIL NO. JPE 2010-0168	X	X	X	\$ 1.00
Account No: Creditor # : 208 RR DONNELLEY DE PUERTO RICO ROAD 869 K.M. 1.5 ROYAL INDUSTRIAL PARK BLDG G L Catano PR 00962		04/30/10 TO 07/31/10 OFFICE SUPPLIES				\$ 38,681.23

Sheet No. 34 of 43 continuation sheets attached to Schedule of

Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 174,972.97

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

In re HOSPITAL DAMAS, INC.Case No. 10-

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: Creditor # : 209 RUBEN COTTO TORRES C/O LCDO. JUAN R. RODRIGUEZ P.O. BOX 7693 Ponce PR 00732-7693		2/5/2003 SUIT FOR MEDICAL MALPRACTICE CIVIL NO. JDP 2005-0076	X	X	X	\$ 1.00
Account No: Creditor # : 210 SANCHEZ FOODS P.O. BOX 62 Mayaguez PR 00681		07/31/2010 FOOD SUPPLIES				\$ 4,926.48
Account No: Creditor # : 211 SANTIAGO AMBULANCE, INC. P.O. BOX 590 Juana Diaz PR 00795		07/31/2010 AMBULANCE SERVICES				\$ 3,375.00
Account No: Creditor # : 212 SARAH PAGAN EMANUELLI C/O LCDO. JOSE F. VELAZQUEZ CALLE SOL #37 Ponce PR 00730		12/10/2007 SUIT FOR MEDICAL MALPRACTICE CIVIL NO. JDP 2007-0613	X	X	X	\$ 1.00
Account No: Creditor # : 213 SCC SOFT COMPUTER CONSULTANTS 5400 TECH DATA DR Clearwater FL 33760		07/31/2010 COMPUTER SYSTEMS SERVICES				\$ 44,597.76
Account No: Creditor # : 214 SEPTIX WASTE, INC. P.O. BOX 490 Mercedita PR 00715-0490		07/31/2010 WASTE DISPOSAL SERVICES				\$ 80.25

Sheet No. 35 of 43 continuation sheets attached to Schedule of

Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 52,981.49

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

In re HOSPITAL DAMAS, INC.Case No. 10-

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: Creditor # : 215 SIEMENS HEALTHCARE DIAGNOSTICS C/O BANK OF AMERICA LOCKBOX 13764 COLLECTIONS CENTER DRIVE Chicago IL 60693		07/31/2010 LABORATORY SUPPLIES				\$ 8,624.33
Account No: Creditor # : 216 SIEMPRE VERDE 2108 CALLE GRANADA URB. ALHAMBRA Ponce PR 00731		05/01/10 TO 07/31/10 REPAIRS & MAINTENANCE				\$ 4,560.00
Account No: Creditor # : 217 SILVIA TORRES VAZQUEZ C/O LCDO. DAVID F. CASTILLO 1506 PASEO FAGOT SUITE #3 Ponce PR 00716-2302		05/7/2010 SUIT FOR MEDICAL MALPRACTICE CIVIL NO. JDP 2010-0195 (605)	X	X	X	\$ 1.00
Account No: Creditor # : 218 SMART MEDICAL SOLUTION 130 WINSTON CHURCHILL AVE. PMB 190 San Juan PR 00926-6018		07/31/2010 MAINTENANCE SUPPLIES				\$ 470.00
Account No: Creditor # : 219 SMITH & NEPHEW, INC. P.O. BOX 191952 San Juan PR 00919-1952		06/15/07 TO 07/31/10 MEDICAL SUPPLIES				\$ 44,775.90
Account No: Creditor # : 220 SONIA HODGE C/O LCDO. MANUEL SAN JUAN P.O. BOX 9023587 San Juan PR 00902-3587		10/28/2009 SUIT FOR MEDICAL MALPRACTICE CIVIL NO. 2009-2100 (CCC)	X	X	X	\$ 1.00

Sheet No. 36 of 43 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 58,432.23

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of
Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

In re HOSPITAL DAMAS, INC.,Case No. 10-

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: Creditor # : 221 SPECTRANETICS 96 TALAMINE COURT Colorado Springs CO 80907		01/09/09 TO 07/31/10 MEDICAL SUPPLIES				\$ 137,942.56
Account No: Creditor # : 222 ST. JUDE MEDICAL P.R. P.O. BOX 998 Caguas PR 00726-0998		07/30/09 TO 07/31/10 MEDICAL SUPPLIES				\$ 81,400.00
Account No: Creditor # : 223 STEAMATIC 138 AVE. WINSTON CHURCHILL San Juan PR 00926		07/31/2010 CLEANING SERVICES				\$ 8,575.00
Account No: Creditor # : 224 STERICYCLE, INC. 28161 N. KEITH DRIVE Lake Forest IL 60045		05/01/2010 WASTE DISPOSAL SERVICES				\$ 30,865.25
Account No: Creditor # : 225 STRYKER INSTRUMENTS CORP. P.O. BOX 3630 Carolina PR 00984-3630		05/31/10 TO 07/31/10 MEDICAL SUPPLIES				\$ 4,893.00
Account No: Creditor # : 226 SUCN. JERRY RAMOS RUIZ C/O LCDO. RAFAEL ELVIRA 2954 AVE EMILIO FAGOT Ponce PR 00716-3616		4/7/2003 SUIT FOR MEDICAL MALPRACTICE CIVIL NO. JDP 2003-0148	X	X	X	\$ 1.00

Sheet No. 37 of 43 continuation sheets attached to Schedule of

Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 263,676.81

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

In re HOSPITAL DAMAS, INC.Case No. 10-

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: Creditor # : 227 SUIZA DAIRY P.O. BOX 363207 San Juan PR 00936		07/31/2010 FOOD SUPPLIES				\$ 2,272.56
Account No: Creditor # : 228 SUMARIE GARCIA SANTIAGO C/O LCDA. KARIM M VALLE PMB 608, 89 AVE DE DIEGO ST105 San Juan PR 00927-6346		03/30/2009 SUIT FOR MEDICAL MALPRACTICE CIVIL NO. JDP 2009-0164	X	X	X	\$ 1.00
Account No: Creditor # : 229 SURGYTEK OF P.R., INC. PMB #474 200 AVE. RAFAEL CORDERO STE.140 Caguas PR 00725-3757		07/31/2010 EQUIPMENT REPAIRS				\$ 225.00
Account No: Creditor # : 230 SUSANA LAUDA D'ELIA C/O LCDO. ROLANDO A. SILVA 61 AVE DE DIEGO SUITE 2-A San Juan PR 00911		2/21/2007 SUIT FOR MEDICAL MALPRACTICE CIVIL NO. JDP 2007-0075	X	X	X	\$ 1.00
Account No: Creditor # : 231 SYSTEM ONE, INC. P.O. BOX 10567 CAPARRA HIGHTS STATION San Juan PR 00922		05/31/10 TO 07/31/10 OFFICE SUPPLIES				\$ 10,892.75
Account No: Creditor # : 232 SYSTRONICS DE PONCE, INC. P.O. BOX 7205 Ponce PR 00732		05/31/10 TO 07/31/10 OFFICE SUPPLIES				\$ 15,539.29

Sheet No. 38 of 43 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 28,931.60

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of
Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

In re HOSPITAL DAMAS, INC.Case No. 10-

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: Creditor # : 233 TANIA RIVERA DE JESUS P.O. BOX 800009 Coto Laurel PR 00780-0009		08/17/2010 UNJUSTIFIED TERMINATION CASE NO. A4-D1-DP-161-(09)	X	X	X	\$ 1.00
Account No: Creditor # : 234 THE BIG THINK GROUP 209 AVE. MUÑOZ RIVERA San Juan PR 00918-1000		07/31/2010 PR CONSULTING				\$ 5,139.72
Account No: Creditor # : 235 THE GLIDDEN COMPANY P.O. BOX 366273 San Juan PR 00936		07/31/2010 REPAIRS AND MAINTENANCE SUPPLIES				\$ 584.08
Account No: Creditor # : 236 TORT SOLA MEDICAL PRODUCTS, INC 352 SAN CLAUDIO AVE. BOX 219 San Juan PR 00926		07/31/2010 MEDICAL SUPPLIES				\$ 1,750.00
Account No: Creditor # : 237 TRICARE DE PR (CHAMPUS) WISCONSIN PHYSICIAN SERVICES P.O. BOX 7985 Madison WI 53707-7985		07/31/2010 HEALTHCARE INSURANCE REIMBURSEMENTS RECEIVED IN EXCESS				\$ 7,000.00
Account No: Creditor # : 238 TRIPLE-S P.O. BOX 363628 San Juan PR 00936-3628		07/31/2010 HEALTHCARE INSURANCE REIMBURSEMENTS RECEIVED IN EXCESS				\$ 70,000.00

Sheet No. 39 of 43 continuation sheets attached to Schedule of

Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 84,474.80

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

In re HOSPITAL DAMAS, INC.Case No. 10-

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: Creditor # : 239 ULEES CALLE HECTOR SALAMAN #354 URB. LA MERCED San Juan PR 00918-2111		01/20/2009 LABOR ARBITRATION CASE NO. A-09-1864	X	X	X	\$ 1.00
Account No: Creditor # : 240 ULEES CALLE HECTOR SALAMAN #354 URB. LA MERCED San Juan PR 00918-2111		03/30/2009 LABOR ARBITRATION CASE NO. A-09-2130	X	X	X	\$ 1.00
Account No: Creditor # : 241 ULEES CALLE HECTOR SALAMAN #354 URB. LA MERCED San Juan PR 00918-2111		08/30/2007 LABOR ARBITRATION CASE NO. A-08-804	X	X	X	\$ 1.00
Account No: Creditor # : 242 ULEES CALLE HECTOR SALAMAN #354 URB. LA MERCED San Juan PR 00918-2111		07/16/2007 LABOR ARBITRATION CASE NO. A-09-1875	X	X	X	\$ 1.00
Account No: Creditor # : 243 ULEES CALLE HECTOR SALAMAN #354 URB. LA MERCED San Juan PR 00918-2111		10/06/2008 LABOR ARBITRATION CASE NO. 24-CA-11124; 24-CA-11217; 24-CA-11263	X	X	X	\$ 1.00
Account No: Creditor # : 244 ULEES CALLE HECTOR SALAMAN #354 URB. LA MERCED San Juan PR 00918-2111		02/12/2009 LABOR ARBITRATION CASE NO. A-09-1841	X	X	X	\$ 1.00

Sheet No. 40 of 43 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 6.00

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of
Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

In re HOSPITAL DAMAS, INC.,Case No. 10-

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: Creditor # : 245 ULEES CALLE HECTOR SALAMAN #354 URB. LA MERCED San Juan PR 00918-2111		08/11/2009 LABOR ARBITRATION CASE NO. A-10-808	X	X	X	\$ 1.00
Account No: Creditor # : 246 ULEES CALLE HECTOR SALAMAN #354 URB. LA MERCED San Juan PR 00918-2111		11/09/2006 LABOR ARBITRATION CASE NO. A-07-2004	X	X	X	\$ 1.00
Account No: Creditor # : 247 UNIDAD LABORAL DE ENFERMERAS CALLE HECTOR SALAMAN #354 2DO PISO URB. LA MERCED San Juan PR 00918-2111		07/31/2010 DUES AND SUBSCRIPTIONS				\$ 26,365.70
Account No: Creditor # : 248 UNIVERSAL CARE CORPORATION P.O. BOX 1051 Sabana Seca PR 00952-1051		10/11/07 TO 07/31/10 MEDICAL EQUIPMENT				\$ 90,335.26
Account No: Creditor # : 249 VANEZA LOPEZ FONSECA C/O LCDO. RAMON A. TORRES CALLE VILLA #139, SUITE 105 Ponce PR 00730		9/23/08 SUIT FOR MEDICAL MALPRACTICE CIVIL NO. JDP 2008-0555	X	X	X	\$ 1.00
Account No: Creditor # : 250 VASCULAR SOLUTIONS, INC. DEPT. CH 17187 Palatine IL 60055-7187		07/31/2010 MEDICAL SUPPLIES				\$ 35,048.00

Sheet No. 41 of 43 continuation sheets attached to Schedule of

Creditors Holding Unsecured Nonpriority Claims

Subtotal \$ \$ 151,751.96

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

In re HOSPITAL DAMAS, INC.Case No. 10-

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor H--Husband W--Wife J--Joint C--Community	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: Creditor # : 251 VERPAS PRODUCTS INC. P.O. BOX 29410 San Juan PR 00929-2410		07/31/2010 MEDICAL SUPPLIES				\$ 320.00
Account No: Creditor # : 252 VIRGENMINA VEGA BODON C/O LCDO. JUAN H. SERRANO P.O. BOX 331445 Ponce PR 00733		05/06/2004 WORK INCAPACITY CASE C.I. 00-582-94-3690-1 CASE C.F.S.E. 99-56-02927-7	X	X	X	\$ 1.00
Account No: Creditor # : 253 VITALIFE, INC. 1590 CALLE CAVALIERI San Juan PR 00927-6129		03/03/06 TO 07/31/10 MEDICAL SUPPLIES				\$ 14,061.50
Account No: Creditor # : 254 W.L. GORE & ASSOCIATES, INC. 1500 NORTH 4TH ST. DOCK #3 Flagstaff AZ 86004		04/30/10 TO 07/31/10 MEDICAL SUPPLIES				\$ 8,954.00
Account No: Creditor # : 255 WALESKA BENNAZAR ALCOVER C/O LCDO. VICTOR A. VELEZ CALLE ARANA #3 Lares PR 00669		5/6/2000 SUIT FOR MEDICAL MALPRACTICE CIVIL NO. JDP 2000-0332	X	X	X	\$ 1.00
Account No: Creditor # : 256 WINOC ROBLES LEDEY C/O LCDA. YADYRA MANFREDY 2905 AVE. EMILIO FAGO Ponce PR 00716-3613		09/01/2010 EXTRAJUDICIAL CLAIM	X	X	X	\$ 1.00

Sheet No. 42 of 43 continuation sheets attached to Schedule of

Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

\$ 23,338.50

Total \$

(Use only on last page of the completed Schedule F. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

In re HOSPITAL DAMAS, INC.,Case No. 10-

Debtor(s)

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

Creditor's Name, Mailing Address including Zip Code, And Account Number (See instructions above.)	Co-Debtor	Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State.	Contingent	Unliquidated	Disputed	Amount of Claim
Account No: Creditor # : 257 WORLDNET TELECOMMUNICATIONS P.O. BOX 70201 San Juan PR 00936-8201	H--Husband W--Wife J--Joint C--Community	07/31/2010 COMMUNICATION SERVICES				\$ 6,566.36
Account No:						
Account No:						
Account No:						
Account No:						
Account No:						
Account No:						

Sheet No. 43 of 43 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority ClaimsSubtotal \$ \$ 6,566.36

Total \$

\$ 14,456,105.41(Use only on last page of the completed Schedule F. Report also on Summary of
Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related

In re HOSPITAL DAMAS, INC.

/ Debtor

Case No. 10-

(if known)

SCHEDULE G-EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State the nature of debtor's interests in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, indicate that by stating "minor child" and do not disclose the child's name. See 11 U.S.C 112 Fed.R.Bankr.P. 1007(m).

☐ Check this box if the debtor has no executory contracts or unexpired leases.

Name and Mailing Address, including Zip Code, of other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether Lease is for Nonresidential Real Property. State Contract Number of any Government Contract.
ABCON MEDIA (P.R.), INC. P.O. BOX 195197 San Juan PR 00919-5197	Contract Type: LEASE AGREEMENT Terms: 3 YEARS Beginning date: 9/19/2007 Debtor's Interest: Lessor Description: LEASE OF GATE ARMS FOR ADVERTISING SIGNS Buyout Option: N/A
ATLANTIC MASTER PARKING SVCS PLAZA RIO HONDO SUITE 442-ZMS Bayamon PR 00961-3100	Contract Type: LEASE AGREEMENT Terms: 3 YEARS Beginning date: 9/1/2009 Debtor's Interest: Lessor Description: ADMINISTRATION OF PARKING LOT Buyout Option: N/A
CARDINAL HEALTH PR, INC. P.O. BOX 71438 San Juan PR 00936	Contract Type: LEASE AGREEMENT Terms: MONTH TO MONTH Beginning date: Debtor's Interest: Lessee Description: RENTAL OF TWO (2) VENTILATORS AND ONE (1) HIGH OSCILLATORY VENTILATOR Buyout Option: N/A
CARDINAL HEALTH, INC.-BORSCHOW CENTRO INT'L DE DISTRIBUCION EDIF.#10, CARR. 869, KM. 4.2 Guaynabo PR 00965	Contract Type: ADMINISTRATION SERVICES CONTRACT Terms: 5 YEARS Beginning date: 1/1/2010 Debtor's Interest: Services receipient Description: PHARMACY MANAGEMENT SERVICES Buyout Option: N/A
CARDIOPULMONARY ORGANIZATION URB. LOMA LINDA CALLE 1 #3 Adjuntas PR 00601	Contract Type: LEASE AGREEMENT Terms: MONTH TO MONTH Beginning date: Debtor's Interest: Lessee Description: RENTAL OF TWO (2) VENTILATORS Buyout Option: N/A

In re HOSPITAL DAMAS, INC.

/ Debtor

Case No. 10-

(if known)

SCHEDULE G-EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Name and Mailing Address, including Zip Code, of other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether Lease is for Nonresidential Real Property. State Contract Number of any Government Contract.
COVIDIEN ROAD #869 KM.2.0 LOCAL 1 BO. PALMAS Catano PR 00962	Contract Type: <i>LEASE AGREEMENT</i> Terms: <i>AUTOMATIC YEARLY RENEWAL</i> Beginning date: <i>3/1/2009</i> Debtor's Interest: <i>Lessee</i> Description: <i>RENTAL OF ELEVEN (11) VENTILATORS</i> Buyout Option: <i>NO</i>
DAMAS SURGICENTER CORP. 2213 PONCE BY PASS Ponce PR 00717	Contract Type: <i>LEASE AGREEMENT</i> Terms: <i>AUTOMATIC YEARLY RENEWAL</i> Beginning date: <i>4/1/2010</i> Debtor's Interest: <i>Lessee</i> Description: <i>OFFICE SPACES AT PARRA CONDOMINIUM (UNIT #201, 7,061 SQUARE FEET; UNIT#107, 250 SQUARE FEET, AND UNIT#106, 163 SQUARE FEET)</i> Buyout Option: <i>YES</i>
DANIEL SOTO O' HARA JARDINES DEL CARIBE 40th STREET QQ2	Contract Type: <i>CONCESSION SERVICE AGREEMENT</i> Terms: <i>3 YEARS</i> Beginning date: <i>12/1/2009</i> Debtor's Interest: <i>Authority</i> Description: <i>INSTALLATION AND OPERATION OF SNACK DISPENSING MACHINES</i> Buyout Option: <i>N/A</i>
FIREMAN'S FUND INSURANCE CO. 777 SAN MARINO DR. Novato CA 94998	Contract Type: <i>INSURANCE POLICY</i> Terms: <i>POLICY PERIOD: 02/28/2010 TO 02/28/2011</i> Beginning date: <i>2/28/2010</i> Debtor's Interest: <i>Insured</i> Description: <i>TERRORISM RISK INSURANCE ACT COVERAGE</i> Buyout Option: <i>N/A</i>
FIRST HOSPITAL PANAMERICANO BOX 1400 Cidra PR 00739-1400	Contract Type: <i>LEASE AGREEMENT</i> Terms: <i>3 YEARS</i> Beginning date: <i>2/1/2010</i> Debtor's Interest: <i>Lessor</i> Description: <i>15,000 SQUARE FEET SPACE LOCATED ON 8th FLOOR AT HOSPITAL FACILITY</i> Buyout Option: <i>N/A</i>
FUNDACION DAMAS, INC. 2213 PONCE BY PASS Ponce PR 00717-1318	Contract Type: <i>RENT AGREEMENT</i> Terms: <i>MONTH TO MONTH</i> Beginning date: <i>1/1/2005</i> Debtor's Interest: <i>Lessee</i> Description: <i>DEBTOR'S MEDICAL FACILITY LOCATED AT 2213 PONCE BY PASS BUILDING, PONCE, PR</i> Buyout Option: <i>N/A</i>

In re HOSPITAL DAMAS, INC.

/ Debtor

Case No. 10-

(if known)

SCHEDULE G-EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Name and Mailing Address, including Zip Code, of other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether Lease is for Nonresidential Real Property. State Contract Number of any Government Contract.
GRAVITY MEDIA GROUP, INC. 400 CALLE CALAF PMB 327 San Juan PR 00918-1314	Contract Type: LEASE AGREEMENT Terms: 1 YEAR Beginning date: 2/1/2010 Debtor's Interest: Lessor Description: ADVERTISING SPACE AT HOSPITAL FACILITIES Buyout Option: N/A
HASLER FINANCIAL SERVICES, LLC 3400 BRIDGE PARKWAY SUITE 201 Redwood City CA 94065	Contract Type: LEASE AGREEMENT Terms: 5.25 YEARS Beginning date: 11/1/2007 Debtor's Interest: Lessee Description: HASLER MAIL MACHINE MODEL WJ 150WP10HA AND OTHERS Buyout Option: NO
INFOMEDIKA, INC. P.O. BOX 11095 CAPARRA HEIGHTS STATION San Juan PR 00922	Contract Type: MAINTENANCE AGREEMENT Terms: 5 YEARS Beginning date: 1/31/2008 Debtor's Interest: Services recipient Description: MONTHLY MAINTENANCE FOR BILLING MANAGEMENT SOFTWARE Buyout Option: NO
INOTERAPEUTICS 6 STATE ROUTE 173-CLINTON Clinton NJ 08809	Contract Type: LEASE AGREEMENT Terms: AUTOMATIC YEARLY RENEWAL Beginning date: 8/1/2008 Debtor's Interest: Lessee Description: RENTAL OF TWO (2) NITRIC OXIDE INHALATION EQUIPMENT Buyout Option: NO
ISLA LAB PRODUCTS, CORP. P.O. BOX 361810 San Juan PR 00936-1810	Contract Type: REAGENT RENTAL AGREEMENT Terms: 5.5 YEARS Beginning date: 12/31/2007 Debtor's Interest: Lessee Description: LABORATORY EQUIPMENT RENTAL Buyout Option: YES
MARSH SALDANA, INC. P.O. BOX 9023549 San Juan PR 00902-3549	Contract Type: INSURANCE POLICY Terms: POLICY PERIOD: 02/28/2010 TO 02/28/2011 Beginning date: 2/28/2010 Debtor's Interest: Insured Description: BOILER & MACHINERY COVERAGE Buyout Option: N/A

In re HOSPITAL DAMAS, INC.

/ Debtor

Case No. 10-

(if known)

SCHEDULE G-EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Name and Mailing Address, including Zip Code, of other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether Lease is for Nonresidential Real Property. State Contract Number of any Government Contract.
MUNDO RELACIONES PUBLICAS, INC P.O. BOX 7663 Ponce PR 00732-7663	Contract Type: LEASE AGREEMENT Terms: 2 YEARS Beginning date: 9/1/2008 Debtor's Interest: Lessor Description: ADVERTISING SPACE AT HOSPITAL FACILITIES Buyout Option: N/A
OFICINA COMISIONADO SEGUROS B5 CALLE TABONUCO SUITE 216, PMB 356 Guaynabo PR 00968-3029	Contract Type: INSURANCE POLICY Terms: FINANCIAL SOLVENCY REQUIREMENTS Beginning date: 6/14/2010 Debtor's Interest: Insured Description: SELF INSURANCE FUND TO COMPLY WITH THE REQUIREMENT OF FINANCIAL SOLVENCY OF HEALTHCARE AND INSTITUTIONS PER ARTICLE 41.050 OF THE INSURANCE CODE OF PR Buyout Option: N/A
PEPSI COLA PR DISTRIBUTING CO. P.O. BOX 2600 Toa Baja PR 00951-2600	Contract Type: CONCESSION SERVICE AGREEMENT Terms: AUTOMATIC YEARLY RENEWAL Beginning date: 3/22/2006 Debtor's Interest: Authority Description: INSTALLATION AND OPERATION OF SODA DISPENSING MACHINES Buyout Option: N/A
PONTIFICAL CATHOLIC UNIV OF PR 2250 AVE. LAS AMERICAS SUITE 516 Ponce PR 00717-0777	Contract Type: LEASE AGREEMENT Terms: 2 YEARS Beginning date: 6/16/2009 Debtor's Interest: Lessee Description: PARKING LOT RENTAL Buyout Option: NO
RAFAEL BALZAC H/N/C MAS CAFE URB. VALLE VERDE 1903 LA LUNA STREET Ponce PR 00716	Contract Type: CONCESSION SERVICE AGREEMENT Terms: 2 YEARS Beginning date: 11/14/2009 Debtor's Interest: Authority Description: INSTALLATION AND OPERATION OF COFFEE DISPENSING MACHINES Buyout Option: N/A
TELEHEALTH SERVICE, INC. AVENIDA FERNANDEZ JUNCOS #1653 San Juan PR 00909	Contract Type: CONCESSION SERVICE AGREEMENT Terms: 3 YEARS Beginning date: 2/2/2009 Debtor's Interest: Authority Description: TELEVISION RENTAL SERVICE AGREEMENT FOR ROOMS LOCATED AT HOSPITAL FACILITIES Buyout Option: N/A

In re HOSPITAL DAMAS, INC.

/ Debtor

Case No. 10-

(if known)

SCHEDULE G-EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Name and Mailing Address, including Zip Code, of other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether Lease is for Nonresidential Real Property. State Contract Number of any Government Contract.
TRIPLE-S 1046 AVE. HOSTOS SUITE 218 Ponce PR 00716-1119	Contract Type: <i>INSURANCE POLICY</i> Terms: <i>POLICY PERIOD: 02/28/2010 TO 02/28/2011</i> Beginning date: <i>2/28/2010</i> Debtor's Interest: <i>Insured</i> Description: <i>BUSINESS AUTO INSURANCE COVERAGE</i> Buyout Option: <i>N/A</i>
TRIPLE-S 1046 AVE. HOSTOS SUITE 218 Ponce PR 00716-1119	Contract Type: <i>INSURANCE POLICY</i> Terms: <i>POLICY PERIOD: 02/28/2010 TO 02/28/2011</i> Beginning date: <i>2/28/2010</i> Debtor's Interest: <i>Insured</i> Description: <i>COMMERCIAL PROPERTY, COMMERCIAL GENERAL LIABILITY AND COMMERCIAL CRIME COVERAGE</i> Buyout Option: <i>N/A</i>
TRIPLE-S PROPIEDAD 1510 FD ROOSEVELT AVE. Guaynabo PR 00968	Contract Type: <i>INSURANCE POLICY</i> Terms: <i>POLICY PERIOD: 02/28/2010 TO 02/28/2011</i> Beginning date: <i>2/28/2010</i> Debtor's Interest: <i>Insured</i> Description: <i>GENERAL LIABILITY INSURANCE COVERAGE</i> Buyout Option: <i>N/A</i>
UP & DOWN INDOOR MEDIA PMB 188 #405 AVE. ESMERALDA SUITE 2 Guaynabo PR 00969-4457	Contract Type: <i>LEASE AGREEMENT</i> Terms: <i>MONTH TO MONTH</i> Beginning date: <i>12/8/2003</i> Debtor's Interest: <i>Lessor</i> Description: <i>ADVERTISING SPACE AT HOSPITAL FACILITIES</i> Buyout Option: <i>N/A</i>
WM FOOD SERVICES CORPORATION URB. TERRA SEÑORIAL CALLE MINORCA #10 Ponce PR 00731	Contract Type: <i>LEASE AGREEMENT</i> Terms: <i>3 YEARS</i> Beginning date: <i>10/4/2009</i> Debtor's Interest: <i>Lessor</i> Description: <i>2,226 SQUARE FEET SPACE LOCATED ON 1st FLOOR OF HOSPITAL FACILITY</i> Buyout Option: <i>N/A</i>

